VIOLENCE AND ABUSE IN AMERICAN FAMILIES

HEARING

BEFORE THE

SELECT COMMITTEE ON
CHILDREN, YOUTH, AND FAMILIES
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

HEARING HELD IN WASHINGTON, DC, ON
JUNE 14, 1984

Printed for the use of the
Select Committee on Children, Youth, and Families

U.S. GOVERNMENT PRINTING OFFICE
38-395 O WASHINGTON : 1985

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402

H961-14

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VIOLENCE AND ABUSE IN AMERICAN FAMILIES

THURSDAY, JUNE 14, 1984

House of Representatives,
Select Committee on Children, Youth, and Families,
Washington, DC.

The select committee met, pursuant to call, at 9:35 a.m., in room 1334, Longworth House Office Building, Hon. George Miller (chairman of the select committee) presiding.

Members present: Representatives Miller, Boggs, Weiss, Boxer, Levin, Rowland, Sikorski, Marriott, Coats, Wolf, and McKernan.

Staff present: Ann Rosewater, deputy staff director; Marcia Mabee, professional staff; George Elser, minority counsel; and Joan Godley, committee clerk.

Chairman Miller. The Select Committee on Children, Youth, and Families will come to order for the purposes of conducting a hearing on violence and abuse in American families.

This morning the committee will address violence and abuse in American families. It is a subject that has been touched on many times during our first year, but today we will take our first concentrated look at the growing national crisis which touches all regions, all races and all economic groups.

I would especially like to offer greetings to Senator Ted Stevens of Alaska, who is leading the legislative initiative in the Senate to address spouse and elder abuse.

As you are aware, the House has already approved the Family Violence Prevention and Services proposal which I have introduced, and which many members of this committee helped fashion, and which every member of this committee supported.

We will hear from a courageous woman who was beaten as a child and battered as a wife. But with the help of a shelter and its services, she has been able to end the cycle of violence in her life.

We will also hear from the supervising executive of the ABC movie "Something About Amelia," an unparalleled initiative by the network that graphically demonstrated the effects of sexual abuse not only on the child, but on the family as a whole. Millions of current and former victims of incest have sought help for the first time as a result of this TV program.

We will conclude with the representatives of law enforcement organizations, which serve as critical links in addressing the problem of family violence, and from members of the private, nonprofit human service sector who, recognizing the increasing numbers of family violence and abuse victims, have stepped up their efforts to respond.

Members of the Select Committee on Children, Youth, and Families have crisscrossed this Nation, listening to testimony from private citizens, from public officials, assessing current conditions among families and children. We know the seriousness of the family violence issue.

In Utah, between 1982 and 1983 alone, there was a threefold increase in the confirmed cases of child abuse. In Maine, reports of child maltreatment increased 166 percent between 1976 and 1980, and reports of sexual abuse increased 42 percent.

The committee has also heard of similar increases in New York, Michigan, and California. Unfortunately, we have also heard about the impact of the recent Federal budget cuts. In Los Angeles, as the number of child abuse cases increased 46 percent between 1978 and 1982, the number of workers available to handle the cases declined 18 percent.

In my own community in California, where child abuse referrals have increased 131 percent between 1978 and 1983, the number of cases accepted for investigation has declined by nearly one-third. All too often, a child who is too old, or not bloodied up enough, just does not get help.

Not all family violence is targeted at children. In the San Francisco Bay Area, a 3-day crime watch revealed that 39 percent of all assaults, attempted murders, and completed murders are related to family violence. Nationwide, the Center for Women Policy Studies reports that 1 million abused women seek medical help each year, while 20 percent of the visits to emergency rooms by women are due to battering.

These findings indicate a shocking rise in the incidence of family violence, while at the same time, the Federal resources devoted to its prevention, and to the assistance of its victims, have been irrationally reduced. Fortunately, there is a legislative vehicle already in place that can reverse this trend, and there is nothing partisan about this issue. It is clearly one that has aroused the intense interest of both parties. Those of us exposed to this issue want the House and the Senate to move together.

My legislation and the bill introduced by Senator Stevens, as well as the extension of the expired Child Abuse Program, should be enacted into law this year. We have already delayed far too long.

Even the administration, which has consistently tried to prevent or diminish any Federal role in assisting of victims of family violence, has voiced concern about the dimensions of the problem. Surgeon General Dr. C. Everett Koop has consistently stated that violence on our streets and in our homes is of epidemic proportions. The Bureau of Justice Statistics has just released a special report on family violence, which concluded:

> Considering that during a 9-year period 4.1 million victimizations committed by relatives have been reported to Government agencies—either to police, the Bureau of Justice Statistics, or both—and that a substantial number of these occurred at least three times during a 6-month period, it is apparent that family violence is a significant problem of large, and currently ill-understood, proportions.

The committee had invited Lois Herrington, who is the Director of the Attorney General's Task Force on Family Violence, to tell us today what the task force has learned. She has preferred to wait until the task force files its final report.

We wish there were no need for a hearing this morning to hear, once again, about family violence. But we don't know all that we need to know about the cause of violence, nor do we yet recognize, at the Federal level, the enormity of the preventable and treatable pain inflicted on millions of our citizens, both children and adults.

Congressman Marriott, do you have a statement?

Mr. **Marriott**. Thank you, Mr. Chairman.

I would like to welcome the witnesses here this morning to testify on the subject of violence and abuse in American families.

I am especially pleased also to welcome Senator Ted Stevens, who has come before this committee today to emphasize the need for Federal legislation to help prevent family violence and provide services to family violence victims and their children. He has been a leader in the Senate on this vital issue and we are grateful that he is able to be with us here today.

Federal legislation dealing with spouse abuse, and child abuse and neglect is critical if we are to prevent abuse and neglect within families as well as provide treatment, shelter, and other services to family violence victims.

On February 2 of this year, the House passed H.R. 1904 which extends and improves Federal child-abuse legislation. This legislation also includes sections on family-violence prevention and services which are virtually identical to the Senate bill, 2430, introduced by Senator Stevens.

Since 1974, the U.S. Congress has demonstrated its commitment to dealing with child abuse neglect, a problem of national significance, by funding the National Center on Child Abuse and Neglect and other programs.

For a decade, the National Center has served to focus Federal attention on child abuse and neglect and has supported a wide range of research and demonstration projects throughout the country.

Not only is it important that Federal child-abuse efforts continue, but similar Federal support in the area of domestic violence is needed.

In my own State of Utah, there has been increasing awareness of the need for shelters for battered women. The Utah Department of Social Services alone spends nearly a half a million dollars a year on shelters and other services for domestic violence victims. Moreover, there is widespread and substantial support in Utah for Federal funding of both child abuse and neglect and spouse-abuse programs.

We must begin to address new issues. There is a need for research to determine the relationship between child abuse and such things as child pornography and nonpayment of child support. Also, greater efforts are needed toward preventing the problem rather than just treating it after it occurs.

Further, recent cases of child sexual abuse, which have captured the Nation's attention, have not only led to greater awareness of this serious problem, but have raised a question of whether sexual abuse of children may be increasing.

It should be pointed out that child abuse and neglect, and spousal abuse, are not isolated problems, but often arise simultaneously in families that are fraught with discord and difficulties. A 1981 study by the American Humane Association showed that in nearly three-quarters of the reported child maltreatment cases investigated, other serious problems existed, including spousal abuse and other forms of family violence.

It is estimated that over 1 million children may be subjected to physical, sexual, and emotional abuse, and neglect, by their parents every year in the United States. And an estimated 2 million married women are battered by their spouses every year. I hope this hearing highlights the importance of a national effort to provide services to these victims, as well as to support efforts to prevent such violence, abuse, and neglect within our Nation's families.

I thank you, Mr. Chairmam, for holding this hearing this morning.

Chairman MILLER. Congressman Rowland.

Dr. ROWLAND. Thank you, Mr. Chairman.

I will be interested to learn whether or not the apparent increase in family violence is more relative than absolute; if people are more willing to come forward and talk about the problems that they are having in their families now than they were earlier.

I know that as a family physician, I saw many injuries in years gone which could not be explained by way of the description that was given by the person that came in. And I would be pleased if it is now that families are more willing to talk about the violence they are having, and that is the reason for the increase that we are seeing taking place. So I will be interested to see about that, Mr. Chairman.

Chairman MILLER. Senator Stevens, you are a welcome witness to this committee. Your leadership and commitment is very important to us both as in regard to the child-abuse bill in the Senate and also the spousal-abuse legislation. We think your involvement is going to be one of the most important factors in our success. So we welcome you this morning and you may proceed in the fashion that you are most comfortable.

STATEMENT OF HON. TED STEVENS, A U.S. SENATOR FROM THE STATE OF ALASKA

Senator STEVENS. Thank you very much, Mr. Chairman. I am pleased to be here and I thank you for asking me to appear before your committee today. I am pleased to have an opportunity to reiterate my conviction that it is time for us in the Congress to address what I consider to be one of the most insidious problems in our country today, and that is violence between family members.

I would ask that you print my whole statement in the record and allow me to summarize it.

Chairman MILLER. Without objection.

Senator STEVENS. It is an important step for us to take and I am anxious for the Senate to act on our bill, which is part of your bill, and I do hope that your whole bill will pass before the Senate has finished its action in this area.

I want to congratulate you, too, all of you, for the leadership you have shown here in the House on a bipartisan basis. You, Mr.

Chairman, and Congressman Marriott, and Congressman Rowland, and the others who are involved in this legislation.

I think that your bill will give us a Federal program that will deal with family violence without co-opting the community-based efforts that are already in place, and that is most important.

Let me deal with some of the problems that I see. Critics are saying that the existing programs are sufficient to assist those who are subjected to family violence. From my perspective, all evidence suggests that these resources, while they do provide some assistance on a piecemeal, ad hoc basis, are not sufficient.

There has been an overwhelming increase in reported cases and, Doctor, you are right, reported cases of family violence in the past few years, particularly spousal abuse and abuse of elderly family members, indicates to me that this is snowballing out of control. Anyone that has visited communities in which primarily elderly retired people live, can only become aware of the increasing fear that some people in these communities have of abuse within the family of elderly members, which is an unfortunate thing.

I think the statistics speak for themselves. I am told that for every reported case of a battered wife, it is estimated that 10 go unreported. Anywhere from 2 to 5 million women are abused each year, with some 4,000 dying as a result of the abuse. And abuse of elderly family members, as I indicated, is as common now as child abuse. Yet, only 27 States even have required reporting of statistics on the abuse of the elderly.

Family violence isn't easy to define, there is no question about that. It is more difficult to detect and even more difficult to report. And, unfortunately, it occurs in households across the country in every economic and social strata. The problem is growing.

My State has moved and is now providing $4 million a year in grants to support a system of emergency shelters, prevention services, and counseling services that serve abusers and victims. I think this is the kind of thing that we need. But the scope of that program is just a model of what is needed throughout the rest of the country.

I hope that we can find a way to get your bill, H.R. 1904, which encompasses the bill that I have introduced in the Senate, passed, so that we can specifically direct Federal funds to work on a program and to work in conjunction with those efforts that are already underway, not to belittle them, but to enhance them.

It is time now for us, above all, to take action to encourage victims to come forward and talk about their experience so that there will be more public awareness of the problem and of the scope of the problem, so that we can develop even more accurate measures to find ultimate solutions to the problem and to ultimately prevent the expansion of family violence.

Again, I congratulate you gentlemen for what you are doing and I am hopeful that before this session is over, the Senate will act on your bill.

[Prepared statement of Senator Ted Stevens follows:]

PREPARED STATEMENT OF HON. TED STEVENS, A U.S. SENATOR FROM THE STATE OF ALASKA

Thank you for asking me here today—I'm pleased to have this opportunity to reiterate my conviction that it is time for us here in Congress to address one of the most insidious problems in our country today: violence between family members.

Passage of the family violence prevention and services provisions contained in H.R. 1904, the Child Abuse Prevention and Treatment Act Amendments, and my bill, S. 2430, is an important step that I am anxious for the Senate to take. Because of a bi-partisan effort here in the House—Congress—particularly Congressmen Miller, Marriott, and Bliley—Your House bill proposed a federal program that addresses the problem of family violence without co-opting the community based efforts already in place (and which are struggling to survive, for the most part). This small block grant program is crafted to act as an incentive for these grass roots projects by offering a small boost of support to programs of prevention, counselling, and emergency assistance for victims of family violence.

Providing assistance to victims of family violence, both abuser and the abused, and developing methods to prevent such violence, is a priority of many locally based groups and coalitions such as the Association of Junior Leagues, Family Service America, the Federation of Business and Professional Women's Clubs, and the YWCA.

It is now time for those of us here in the Federal government to act and to acknowledge the commitment of these organizations which are trying to do something about this vicious, cyclical problem which rends the basic fabric of our society. I realize that critics of the program proposed in H.R. 1904 and S. 2430 cite existing programs—Title XX, Community Services Block Grant, and discretionary program funds—that are available to assist projects focussing on family violence. However, all the evidence suggests that these resources, while providing some support on a piecemeal, ad hoc basis, are not sufficient. There has been an overwhelming increase in the reported cases of family violence over the past few years, particularly spousal abuse and abuse of elderly family members, and this indicates to me a situation snowballing out of control. It is an epidemic requiring specially focussed efforts to control it. The statistics speak for themselves: for every reported case of a battered wife, it is estimated that ten go unrecorded. Anywhere from 2 to 5 million women are abused each year, with some 4,000 dying as a result. Abuse of elderly family members is nearly as common as child abuse, and yet only 27 states require reporting of these cases. Family violence, while to easy to define, and even more difficult to detect, occurs in households across the country and in every economic and social strata. The problem is growing, and more programs are needed like the one in my State of Alaska, which expends over $4 million per year on a State-wide system of emergency shelters, prevention services, and counselling resources that serve both abusers and victims.

The scope of the program in Alaska is a model for the rest of the nation, and the resources that the State has committed gives an idea of the need that exists, though it is most often hidden and unexpressed. As the Bureau of Justice Statistics states in a special report on Family Violence:

"It is striking, though, that the National Crime Survey uncovers about 450,000 cases of family violence each year through a technique originally designed to measure such crimes as burglary, robbery, larceny, and aggravated assault. Undoubtedly, many more cases are unreported. . . .

"Much work remains to be done before the problem of family violence is understood. Historically, the problem is one that has been surrounded by secrecy and shame; many victims never talk about it to anyone. . . .

"As more public attention is focussed on the problem and as more programs are offered to deal with it, however, victims may become more willing to talk about it, and increasingly accurate measures of the true extent of family violence will be possible. . . . As family violence comes to be discussed and dealt with more openly, it should lead to improvement in the ability to measure and understand this serious problem."

"Passage of the Family Violence Prevention and Services Act, with its overwhelming bipartisan support here in Congress, and out in the field, could significantly enhance the effort to understand and to address a problem that has been ignored much too long.

It is my hope that H.R. 1904, and S. 2430, by publicly recognizing and specifically directing federal funds to work on this problem, will take us closer to the goal elucidated by the BJS report: a time when victims are able and willing to talk about their experience and when we as a society can develop accurate measures of the problem and, therefore, more effective solutions.

Chairman **Miller**. Thank you very much, Senator Stevens.

Let me address the issue that was raised by Congressman Rowland, whether or not this is a real increase in abuse or an apparent increase in abuse because people are coming forward.

It seems to me that whether it is real or apparent, if people are coming forward and admitting either that they have been abused or that they have abused someone else, that is important there should be a system to help—whether it is emergency help for somebody who flees in the night, or for somebody who says I want to stop abusing my child. We should recognize that the numbers of people who are entering the system this way are growing. And that the services—in my State, and I assume even with the effort that has been made in your State—is strapped, and that one of the things we are trying to learn is not so much, I think, whether it is real or apparent, but whether now these people who are seeking help, or are referred to help by law enforcement agencies, can get help from the existing systems.

Senator **Stevens**. I think the important thing about that, Mr. Chairman, is that we have many organizations in the country—Family Service America, the Junior Leagues, the YWCA, the Federation of Business and Professional Women's Clubs, and various other organizations that have instituted programs to encourage people to come forward, to give us these additional bits of information so that we can get some idea of the total size of this family violence problem.

As I look at the situation that we are dealing with, it is one of finding a way for the Federal Government to act in a manner that does not discourage those private efforts, those community efforts and the State efforts, such as my State, but at the same time, provides a national focus to encourage coming forth.

I am pleased that you emphasized the problem not only of the victim but of the abuser. If we are ultimately to find a way to reduce family violence, it is the abuser that must be counseled and dealt with, literally, before we can ultimately solve the whole problem.

I think it has a great deal to do with alcohol, frankly, in many ways. I see that throughout my State. And I think it is important that we deal with all aspects of the problem, including the problem of alcohol as it relates to family violence.

Dr. **Rowland**. Would the chairman yield on that point?

The reason I raise the point about relative versus absolute is I am interested to know whether or not this is something that has been engrained in our society over a period of many years or is it coming about more because there is a real increase because of changing lifestyles. And I think to know this would certainly help us in determining how we should go in addressing that problem.

So whether or not it is because it is absolute or relative, or a combination, certainly, we need to do everything that we can to help those people in every way that we can who are involved in such a situation. But I think it would be interesting to know and would certainly help us determine which direction we should go in providing help for these people, whether or not it is absolute or relative.

Senator **Stevens**. Doctor, let me tell you, we have areas in my State that are very remote and that have had a very firm family lifestyle. Years ago, it is 15 years ago now, I tried to get some funds for what I called baseline studies of these areas to find out just really what was going on there because they were starting to be opened up by television, by air transportation, by access to people who were looking for resources or development. And the interesting thing is that I find that the family violence quotient is about the same in those areas in which it was completely unheard of 15 years ago as it is in the cities now where I assume we all believe it has been going on in families.

But in the rural communities where families are extremely close and interdependent, I think even there now we are having more and more cases of family violence come forward. Maybe it was there all the time, Doctor, if that is your question. I can't answer that. But it didn't seem apparent then; it is apparent now, and there is now reporting of cases of family violence in these communities.

We have centers for people to come to now that the State has established which offer emergency services. We also now have centers in those regions for treatment of alcoholism.

I keep bringing back into this as a focus in my own mind the problem of alcohol abuse and its relationship to family violence, to spousal abuse, abuse of children, and abuse of elderly. I think those problems are interwoven and we have to realize that.

Dr. **Rowland**. In those families that you talk about that are in very rural areas, do you know whether or not there was heavy alcohol consumption in those families or were they people who were not prone to dissipate? Do you have any idea about that, even though you have a feeling—I think that you indicated that there may have been family violence all along but you weren't sure about that?

Senator **Stevens**. I don't know whether I was or not but the use of alcohol is a relatively recent problem in rural Alaska in many areas because people just could not afford it until recent years. With the advent of what we call a cash economy in those areas, we have had an area of a subsistence economy where people literally lived off the land almost exclusively with very little cash income. That is changing now with a cash income coming into most parts of rural Alaska and with the resultant ability to bring in substances like alcohol.

I have even run into drugs in rural Alaska in very little towns of 25 to 100 people where there are drugs in the schools. That has to be totally imported, and this is the difference. With those substances, I think, comes the increase in the problems of family violence. And it is not just the question of the adults against the children; in some instances it is the children against the elderly.

Dr. **Rowland**. Thank you, Senator.

Chairman. **Miller**. Mr. Marriott?

Mr. **Marriott**. I want to thank you very much, Senator, for your testimony and for the excellent work you have done in the Senate.

I want to ask one question about Alaska and something that has bothered me in many areas as well. When a woman is battered, we set up homes for battered women. And in Utah, the battered woman and the children leave their home and go to another shelter. That seems to be wrong to me. Why isn't the husband taken out of the home and incarcerated rather than the women and children leaving the home?

Do you have anything in Alaska that allows the women and children to remain in the home and the court to deal with the abuser?

Senator **Stevens**. Yes, it is strange that you would ask. We have an old Alaska remedy that is called a peace bond, Congressman. I was a U.S. attorney once, my wife was a district attorney. We dealt with a lot of the situations where peace officers finally have to arrest the husband. We would put him in jail and release him only on the basis that someone, he and someone else, would put up a bond that he will maintain the peace and not abuse his family any longer. And if he does not maintain the peace, the bond is forfeited and he must go back into jail and be tried. It is a local remedy, you might say, and it has worked fairly well in small communities.

It is not too effective, frankly in the areas where we get cities the size of Anchorage where it has become a more complex society. But in the rural communities it has worked as far as the problem of the husband who really wants to be cured of a problem of abuse.

Mr. **Marriott**. Thank you very much.

Senator **Stevens**. Thank you, gentlemen.

Pardon me, there are other committee members.

Chairman. **Miller**. Is there somebody else who has a question, otherwise, I think the Senator has to leave?

Thank you very much for your help and the time you took to come over and testify, Senator.

Senator **Stevens**. Thank you.

Chairman. **Miller**. Next the committee will hear from a panel made up of Mary Louise Key, who is a former resident of the Montgomery County Community Crisis Center in Maryland, and Deborah Aal, who was the supervising executive for "Something About Amelia," a Leonard Goldberg Production aired earlier by ABC.

If you will both come forward. We will hear first from you, Ms. Key. We want to welcome you to the committee and thank you for your courage to come forward and to share your experience and your thoughts with the committee. If you have a printed statement we will include it in the record in its entirety. Please proceed in the manner which you are most comfortable.

STATEMENT OF MARY LOUISE KEY, FORMER RESIDENT, MONTGOMERY COUNTY COMMUNITY CRISIS CENTER, MARYLAND

Ms. **Key**. Thank you. My story may be difficult for people to listen to. It is the story of how abuse, when it starts early in a person's life through no fault of their own, can lead to more abuse.

I am able to come here today to tell you my story because of the help I received from the Montgomery County Community Crisis Center, a shelter offering comprehensive services to victims of family violence. The Crisis Center is helping me to stop the cycle of abuse and violence in my life.

I lost my loving parents at the age of 3. My father was a colonel in the Air Force, and he died when he learned that my mother was to die soon of brain cancer. My uncle, named executor of the estate, left to the three children, became my guardian. He was a self-educated man from a Virginia farm family, a faithful Methodist, a respected member of the White House Police, and an Army Reserve captain, but he was not a caring substitute parent.

Soon after going to live with my uncle and his wife, I was sent to a training school in McLean. At Felicity I was beaten by men in charge of the students for any rule infraction. I still have nightmares of running from those men and those beatings.

I eventually returned to my uncle's home at the age of 6 and entered Hardy School in Foxhall Village. I stuttered badly but was otherwise fit for second grade. For the next 6 years my aunt and uncle locked me in my room or sent me to the basement every day and smacked or spanked me constantly for either not smiling, talking, or for being ungrateful. My uncle bathed me every night and rubbed my genitals sore with Cashmere Bouquet soap.

At the age of 12, my uncle sent me to another boarding school for girls near Baltimore and then a year later to live with my older sister and her husband. One evening my brother-in-law locked me out of the home. When the police found me asleep in the back of a car, they alerted the D.C. Family and Child Services. I ended up, once again, in a boarding school. This time it was the Good Shepherd Convent School in New York.

I met Andy just before I left for New York. He visited me at the convent often, bringing special treats of Pepsi and Pall Malls for all the girls. But Andy had a violent streak. During Christmas vacation of my senior year, Andy knocked me out in the front seat of his car and raped me.

After graduation from Good Shepard, I tried to attend G.W. University, but Andy wouldn't leave me alone. He constantly harassed me.

I left the university to work in a law office downtown and began living with his parents until we were married June 9, 1962. In March 1963 our daughter was born, 19 months later my son was born. I bought a house and a new station wagon with my inheritance. My uncle got Andy a job on the D.C. Fire Department.

Andy's violence got pregressively worse. He would tie me up and beat me several times a week. But when he started doing this in front of the children, I was determined to get away from him. I was 5 months pregnant when he threatened to kill me and the baby with a knife. I tried to escape and he threw me down the stairs.

I called a lawyer who advised me to leave under constructive desertion. I fled with my children to Colorado but Andy followed in less than 2 days and brought us home again. At my insistence, Andy finally agreed to see a psychiatrist. The psychiatrist advised me to leave Andy after Andy attacked him.

Two months later, I went into premature labor. I had been hemorhraging since Andy threw me down the stairs. I left my children with my next door neighbor in the middle of the night to enter Holy Cross Hospital.

On the advice of my psychiatrist and my gynecologist, I admitted myself to Springfield State Hospital, after a week of labor in Holy Cross, in order to get both the necessary medical treatment for delivery of the baby and the psychological evaluation that would eventually be necessary to get custody of my children.

The night of August 28, 1967 was pure hell as I eventually delivered my 2-month premature son and held him as he died. Springfield released me a few weeks later to the care of the uncle who had adopted my brother. The psychiatrists at Springfield would not let me go home to Andy after meeting with him.

A few weeks after leaving the hospital I found a room and a job in Bethesda and began the 3-year battle for custody and divorce, but Andy disappeared with my children.

Five years later, I was laid off from my job. I couldn't find another job because of chronic back pain due to a broken back from a childhood horseback riding accident. I eventually went on public assistance and applied for Social Security disability, which was granted in 1976.

In 1978, I met and eventually married David, a former captain in the Marine Corps. He was a Vietnam veteran. He impressed me and everyone who met him as stable and caring.

My new husband and I set off for Florida to search for my children by way of Fountain Run, KY. There, at his brother's farm, I learned Dave was AWOL, married, and the father of four children. Also, he was a violent alcoholic.

When my life savings, which we had been living on for 2 months, ran out, he tried to break my back so I wouldn't take off with my car. Somehow I escaped and returned to Maryland.

Two years later, I again became involved with a violent man. I felt a great deal of empathy for Bob because his wife had left him 10 years earlier and taken their six children to Florida. I hoped we could both find our children in Florida after he worked out his drinking problem. He had been sober for 4 months and attending AA.

On New Year's Eve, Bob arrived at my door drunk. Forcing his way in as I asked him to leave, he pushed me over the coffee table breaking a leg, then pounded my head on the floor until I blacked out. When I came to he was searching my purse for my car keys muttering that he would wreck the car to keep me from going anywhere.

I called the police and filed assault charges. I guess I wanted to believe that he could work out his problem because I dropped charges, nol-pros, on the condition that he get counseling help at the Montgomery County Community Crisis Center and AA, as the judge ordered him to do.

He laughed about his groups at the crisis center—I cried about mine—I was dumbfounded to find so many understanding and sympathetic women in the same situation.

Things went well for a while. My daughter called on her 18th birthday, after 11 years of no word. I was ecstatic. Bob and I celebrated, and we conceived a child. Micheal was born Christmas Day 1981, and Bob was wonderful during my pregnancy. But soon, he began drinking again and I asked him to leave.

Bob appeared at my apartment once in August with a very drunk friend who handed the baby a lit cigarette and a bottle of beer. It was all I could do to get them out of my apartment since Bob felt he was entitled to be there, since his child was there. We ran to the shelter at the crisis center and Bob left us alone.

In November, I started seeing a private counselor at the crisis center. Pat helped me to help myself in seeking answers to all my questions about my chronic pain. I joined a chronic pain group and found a new doctor who was very helpful. I began to read and learn again, especially about abuse and the effects on children. A new world opened up for me.

We didn't see much of Bob until Christmas this past year when he made a point of showing me he could drink and control himself. He was testing my limits.

Later in January, he appeared one Saturday evening around 7:00 with pizza and got very upset when we weren't interested since we had eaten, as usual, around 5:00 and just had ice cream.

I asked Bob if he had been drinking and he raged that he could handle his liquor. He threatened our lives. As Michael became more upset, I just put the pizza in the hall and handed Bob his coat. He tried to strangle me. He pushed me so hard he broke a couple of the ribs in my back. Then he took off with the baby, and I called the police. Bob was arrested on the spot since the 3-year-old warrant was still outstanding and I filed assault charges once again.

The crisis center sent a volunteer to court with me March 13 The State's attorney prosecuting that day advised me not to pros ecute. He said a man like Bob would come back and kill me if made him mad. I was determined to obtain a conviction and tol him so.

We now will have a jury trial June 27, in which Bob's prio record will not be admissible and the decision must be unanimou to obtain conviction. My integrity and character can be impugne with all zeal, however.

I suppose that is the reason I volunteered to tell my story toda If the laws can be changed to help victims in any way, I want to d all I can to effect those changes. I have relied on the crisis cente for the last 3 years and I can't imagine where I would be withou the help I have gotten from the counselors and the other wome there.

If there had been a crisis center to turn to 14 years ago, perha my daughter and I could communicate. She fears marriage and h already been sterilized so that she will never have children. She 21. I don't know where my 19-year-old son is either.

God has made me a survivor for some purpose—perhaps to rai one child with loving care rather than hateful abuse—perhaps help other victims learn how to help themselves by seeking knov edge and the help available at the crisis center.

Thank you.

[Prepared statement of Mary Louise Key follows:]

PREPARED STATEMENT OF MARY LOUISE KEY

My story may be difficult for people here to listen to. It is the story of how ab when it starts early in a person's life through no fault of their own, can lead more abuse. I am able to come here today to tell you my story, because of the help I received from the Montgomery County Community Crisis Center—a shelter offering comprehensive services to victims of family violence. The Crisis Center is helping me to stop the cycle of abuse and violence in my life.

I lost my loving parents at the age of three. My father, a Colonel in the Army Air Force, died after he learned that my mother was to die soon of brain cancer. My uncle, named Executor of the estate left to the three children, became my guardian. He was a self-educated man from a Virginia farm family, a faithful Methodist, a respected member of the White House Police, and an Army reserve Captain, but he was not a caring substitute parent.

Soon after going to live with my uncle and his wife, I ws sent to a training school in McLean. At 'Felicity' I was beaten by men in charge of the students for any rule infraction. I still have nightmares of running from those beatings.

I eventually returned to my uncle's home and at age 6 entered Hardy School in Foxhall Village. I stuttered badly but was otherwise fit for second grade. For the next six years my aunt and uncle locked me in my room or sent me to the basement nearly every day and smacked or spanked me constantly for either not smiling, talking or for, "being ungrateful." My uncle bathed me every night and rubbed my genitals sore with Cashmere Bouquet soap. At the age of 12 my uncle sent me to another boarding school for girls near Baltimore and then a few years later to live with my older sister and her husband. One evening my brother-in-law locked me out of the home. When the police found me asleep in the back of a car, they alerted D.C. Family and Child Services. I ended up, once again, in a boarding school. This time it was the Good Shepherd Convent School in New York.

I met Andy just before I left for New York. He visited me at the convent ofter, bringing special treats of pepsi and Pall Malls for all the girls. But Andy had a violent streak. During Christmas vacation of my senior year, Andy knocked me out in the front seat of his car and raped me. After graduation from Good Shepherd, I tried to attend George Washington University, but Andy wouldn't leave me alone. He constantly harrassed me. I left the University to work in a law office downtown and began living with Andy at his parents' home until we were married June 9, 1962. In March, 1963 our daughter was born, followed 19 months later by a son. I bought a house and a new station wagon with my inheritance. My uncle got Andy a job on the D.C. Fire Department.

Andy's violence got progressively worse. He would tie me up and beat me several times a week. But when he started doing this in front of the children, I was determined to get away from him. I was five months pregnant when he threatened to kill me and the baby with a knife. I tried to escape and he threw me down the stairs. I called a lawyer who advised me to leave under constructive desertion. I fled with my children to Colorado but Andy followed in less than two days and brought us home again. At my insistence, Andy finally agreed to see a pychiatrist. The psychiatrist advised me to leave Andy after Andy attacked him.

Two months later I went into premature labor. I had been hemorrhaging since Andy threw me down the stairs. I left my children with my next-door-neighbor. On the advice of my psychiatrist and my gynecologist, I admitted myself to Springfield State Hospital in order to get both the necessary medical treatment for delivery of the baby and the psychological evaluation that would eventually be necessary to get custody of my children. That night of August 28, 1967 was pure Hell as I eventually delivered my 2-month premature son and held him as he died. Springfield released me a few weeks later to the care of the uncle who had adopted my brother. The psychiatrists at Springfield would not let me go home to Andy after meeting him.

A few weeks after leaving the hospital I found a room and a job in Bethesda and began the 3 year battle for custody and divorce. But Andy disappeared with the children.

Five years later I was laid off from my job. I couldn't find another job because of chronic back pain due to a broken back from a childhood horseback riding accident. I eventually went on Public Assistance, and applied for Social Security Disability which was granted in 1976.

In 1978 I met and eventually married Dave a former Captain in the Marine Corps. He was a Vietnam veteran. He impressed me and everyone who met him as stable and caring.

My new husband and I set off for Florida in search of my children by way of Fountain Run, Ky. There, at his brother's farm, I learned Dave was AWOL, married and the father of four children. Also, he was a violent alcoholic. When my life's savings, which we had been living on for two months, ran out, he tried to break my back so I wouldn't take off with my car. Somehow I escaped and returned to Maryland.

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But on New Year's Eve Bob arrived at my door drunk. Forcing his way in, as I asked him to leave, he pushed me over the coffee table breaking a leg then pounded my head on the floor until I blacked out. When I came to he was searching my purse for my car keys muttering that he would wreck the car to keep me from going anywhere. I called the police and filed assault charges. I guess I wanted to believe that he could work out his problem because I dropped charges on the condition that he get counseling help at the Montgomery County Community Crisis Center and AA. He laughed about his Groups . . . I cried about mine . . . I was dumbfounded to find so many understanding and sympathetic women in the same situation!

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The Crisis Center sent a volunteer to Court with me March 13. The State's attorney prosecuting that day advised me not to prosecute. He said a man like Bob would come back and kill me if I made him mad. But I was determined to obtain a conviction and told him so. We now will have a jury trial June 27 in which Bob's prior record will not be admissible and the decision must be unanimous to obtain conviction. My integrity and character can be impugned with all zeal, however.

I suppose that is the reason I volunteered to tell my story today. If the laws can be changed to help victims in any way I want to do all I can to effect those changes. I have relied on the Crisis Center for the last three years and can't imagine where I'd be without the help I've gotten from the counselors and other women there.

If there had been a Crisis Center to turn to 14 years ago, perhaps my daughter and I could communicate. She fears marriage and has already been sterilized so that she will never have children. God only knows where my 19 year old son is.

God has made me a survivor for some purpose—perhaps to raise one child with loving care rather than hateful abuse—perhaps to help other victims learn how to help themselves by seeking knowledge and ever present help available at our Crisis Center.

Chairman MILLER. Thank you very much, Ms. Key, for your testimony.

We will hear now from Deborah Aal and then the committee will put questions to both of you.

STATEMENT OF DEBORAH AAL, SUPERVISING EXECUTIVE, "SOMETHING ABOUT AMELIA," LEONARD GOLDBERG PRODUCTIONS, LOS ANGELES, CA, AND CURRENTLY EXECUTIVE PRODUCER, NBC PRODUCTIONS

Ms. AAL. Mr. Chairman and members of the committee, thank you for the opportunity to be here.

I would like to read into the record, first, that I am currently an executive producer with NBC Productions. In January, this past January, I was the supervising executive on "Something About Amelia" for the Leonard Goldberg company and ABC.

Mr. **Marriott**. Mr. Chairman, does the committee have copies of the statement?

The Chairman **Miller**. Are there copies?

Ms. **Aal**. There are no copies.

On January 9, 1984 between 9 and 11 o'clock in the evening, over 60 million people watched "Something About Amelia," which was the television drama depicting an incestuous relationship between a seemingly average, likeable father and his not-very-seductive 13-year-old daughter.

There have been a lot of speculations about why people would tune into a movie about incest. The obvious, of course. Some people watched because they were curious to see how television would handle such a sensitive subject: the last taboo—incest.

Some people watched because of the very titillating nature of contemporary television—they thought they were going to see something sexually provocative.

And some people watched because the drama depicted on that television screen for 2 hours was horrifyingly and frighteningly real for them.

What is interesting was that 60 million people watched and we didn't lose viewers over the course of the 2 hours. Our numbers went up. And it was very evident after 40 minutes of the drama, when people could easily have turned the channel and watched anything going on on any of the other stations, they weren't going to see anything, there was going to be no depiction of any sexual activity between father and daughter—people continued to watch, they stayed with us, we gained viewers. People were interested, and it was more than idle curiosity, because what was on at 10 o'clock on the other two networks was very good. We held our audience.

Something else that I think is pertinent to this was that at 11:30 ABC runs "Nightline," most viewers have gone to bed. The percentage of audience for that show is not nearly as large as it should be. "Something About Amelia" was over at 11 o'clock, the local network news came on, and then "Nightline," and we had 1 hour and 14 minutes of discussion on "Nightline"—the numbers of viewers were astoundingly high. An hour and 14 minutes, by the way, is an inordinantly long "Nightline". And on that "Nightline" there were perpetrators, there were victims done in silhouette, Dr. Hank Giaretto was on, people who could verify the authenticity of the drama presented.

If I may, I would like to give you just a little bit of the genesis of the film. It took nearly 3 years to do. The film was very carefully researched. I spent 4 months reading everything I could get my hands on. And I was very interested, by the way, to find the statistics were very paltry regarding incidents of incest.

What I did read over and over, however, was that the speculation of the experts was that it happened in far more homes than people were willing to admit. It was the kind of crime, the kind of problem that people did not come forward and talk about. So while there were approximately 100,000 cases reported in 1979, experts speculate that that was perhaps the tip of the iceberg.

The film was developed for ABC which was very, very supportive of what we intended to do. It took, as I said, 3 years to do. And one of our main preoccupations in the development of the project was that we be credible and that we be accurate. And to serve this end, we had a technical adviser on the picture who I hired before a writer was even put on the project, and he stayed with us through all of the postairing activity and publicity. The man's name is Dr. Stan Katz. He is the director of education and training at Children's Institute International. He is also a member of the panel of experts at the Los Angeles Superior Court and a visiting lecturer in the UCLA School of Social Work.

He authenticated, in terms of statistics and in terms of the behavioral response to those characters depicted in the drama, everything that was in that film. He worked on the scripts, he worked with the writer, he made himself available to the director, to the producer, Michele Rappaport; to our executive producer, Leonard Goldberg; to the actors, Ted Dansen and Glenn Close, neither of whom—and Ted has a 3-year-old daughter—could believe that these things were happening. Stan Katz spent a great deal of time with our actors and with the children who played Amelia and her little sister. These were children 13 and 9, exactly as they were depicted in the film.

Stan was also on the set for any sensitive filming that went on and any scenes that were of a sensitive nature in terms of dialog, because, as I said, nothing was visually depicted.

There has been an enormous amount of interest in this picture. And there was a great deal of interest before the film was even completed. We had a great deal of press coverage when we were filming, everybody wanted to know about this subject matter. Yes, people wanted to know because how could this possibly be happening in American homes. How could this possibly be happening in the contemporary, reasonably affluent, middleclass home that we were depicting? And yet it does happen. We know it happens and you know it happens.

There were a number of stories done on the production, a lot of speculation as to what we were going to do, and how titillating and terrible it might be, and how could this possibly be—and I think we have disproved all of those speculations. I think that the film was probably done very, very well as critics have unanimously agreed, and we know that it happens, it exists.

Since Amelia's airing, so much has come forward in terms of people coming forward, stories, this whole revelation about what is happening in southern California with the McMartin situation, the McMartin preschool—horror stories, but they are coming to the fore, they are coming to the surface, people are coming out and talking about what is happening to them.

I think that perhaps before Amelia it was not public, it was something that wasn't discussed, or it was whispered about. And when these things are kept in the closet, there is disbelief.

The film was also professionally endorsed by the American Psychiatric Association, the American Psychological Association, the American Federation of Teachers, the National Education Association, and various groups of nurses, school guidance counselors, social workers, as well as religious organizations and women's groups.

I think the thing that is perhaps most pertinent to you were the hotlines that we ran after the airing of the film. ABC graciously and generously gave us 10 seconds of air time, they paid the bill, and we organized hotlines across the country.

Several months before the film aired, I took 15 minutes of film clips to a meeting of public affairs directors for all of the various ABC network affiliates in San Francisco. And I pleaded with them to please go out into their communities and find out which resources were available to their viewers, should people see the film and want to call and need help.

What I found out when I began researching that aspect of the film was that procedures for dealing with this kind of a problem vary from city to city, suburb to suburb, county to county, State to State. So all of the affiliates across the country had to go to those places in their communities that could serve the people who might call. For example, in some places the police handled it, in other places it is the department of social services, some places it is hospitals; there are already existing crisis centers, though, certainly not nearly enough; and in some places there are child abuse hotlines.

What happened was that at the end of the film, the last 10 seconds after we were fade out, those numbers were flashed across the country, and the majority of ABC affiliates participated. I think you will be interested in some of the results; 5,000 calls through the ABC switchboard—5,000 calls. A lot of those calls came from women who previously had been abused as children and had no one to tell, could never come forward. And because they saw it on television, in their living rooms, the horror that they had gone through as children became a reality, and it was in some way cathartic, and they came forward and they spoke. Children called. In Denver, 90 percent of the calls that came in were from children.

Fathers called. Fathers who had been abusing their children saw the piece on television and went to those hotlines and asked for help, and, fortunately, some help was available. Adults who suspected that it might be happening to relatives, to neighbors, came forward.

The San Jose chapter of Parents United usually gets 10 calls a night. They had 350 calls between 9 p.m. and 3 a.m.

The Illinois Department of Children and Family Services had 233 calls on January 9 between 8 and midnight, and 616 calls on January 10—they usually have 35.

In Greenwood, MS, there were 49 calls. I don't know how many people there are in Greenwood, MS, but it would seem to me that their 49 calls is an enormous response.

What would we have done if these people had no avenue for relief? If they couldn't come forward, where would we be?

In Baltimore, there were 200 calls. In San Francisco, there were 300 calls. In Austin, TX, there were 60; in Denver, 250 calls. As I said, 90 percent of which came from children.

Interestingly enough, and I think in the service of your bill, new statistics will be formulated based on the number of people who came forward, having seen this film.

Television is an incredibly powerful medium, there's one in nearly every American home. And that box sits in our living room and it is on all day, and what we see on that television becomes real. I think there is a responsibility for the supplier to use that wisely.

We attempted to shed some light on a very difficult and very painful subject, something that people couldn't talk about, wouldn't talk about, could never come forward about. We attempted to do it through compelling drama, through human drama.

About 4 weeks ago, I took a cassette of the film to Chino Prison, which is a women's penal institution in southern California. I watched a cassette of the film with 30 women, some of whom were in for life, some of whom were about to be paroled, some were women who had killed, others were women who had been involved in whatever crimes that had them incarcerated.

It was interesting to watch the response in that room because those women living in a prison environment were shattered by what they saw. It was clear to me in the discussion that followed afterward that it was very relevant to a great many of them.

I think one of the worst consequences of sexual abuse for a child is an enduring loss of self-esteem. And it was painfully clear to me that the women in that room had suffered greatly in their lives and perhaps done things that they might not have done had they been protected as children.

I think, having been a teacher for 7 years before I went to Los Angeles and became involved in the entertainment industry, that our children have always been our future. These are very sophisticated times we live in and the television does us a service because it tells the truth, but it also does not allow us to have many secrets. And children grow up, and hear things, and know about things that perhaps they are not yet ready to, they become adults very early, and often before they are ready.

I think we must provide a safe and nurturing environment for our children so that they can grow and learn. This has always been the primary responsibility of the family, but I think, as the response to this film has indicated, there are many, many families in this country who are in trouble. It is very evident and very clear that we need counseling centers, programs, trained staffs, to deal with what is already a very difficult and an epidemic problem.

"Something About Amelia" brought incest into the open, but it is not enough that we can admit it, it is not enough that we can talk about it, it is not enough that I can come here, and sit, and talk with you about it. We have to do something about it, we have to love and protect our children.

Now that people are coming forward, we need much greater capacity. We need places for people to go and get the help that they need.

Thank you very much.

Chairman **Miller**. Thank you very much for being with us today, and for giving us the background and response to the airing of "Something About Amelia." The airing of "Something About

Amelia" confirms what a number of people who have run shelters and hotline services have told us. That every time after the nightly news but before the late-night movie, when the public-service announcement is run giving the number of the shelter for abused women or others, the phone lines light up because people for the first time see there is some place to call.

And also, it seems to confirm what Parents United, Mr. Giaretto's group in Santa Clara told us. They work as a diversion program, where the police divert an abuser to the program rather than send him to jail. As long as he will stay in the program, they will not prosecute, and try to keep the family together, and in counseling. A very successful program, I might add. When they first started they received calls from women who were 50 and 60 years old who had never talked to anyone, and simply called the program so that they could tell somebody of the abuse that they had suffered as a child they simply wanted to talk about it. They were from all parts of the West mainly, not necessarily from that area of California.

So the film seems to confirm what providers have been telling us for some time, that the more this issue is discussed, the more it is brought out in the open, the more there is a demand for those services.

There has been a lot of discussion now since Senator Paula Hawkins' admission a couple of weeks ago that she was abused as a child. Others come forth; 5,000 people is quite a response. Do you have any idea what the number was on the "Day After?" That was a rather elaborate setup of hotlines. But you don't know what ABC——

Ms. AAL. No; I don't know what the statistics were in terms of response. Are you talking about the day after the airing of "Amelia" or "The Day After," the film?

Chairman MILLER. Excuse me, the day after "The Day After"——

Ms. AAL. The day after "The Day After."

Chairman MILLER [continuing]. Which there was a very elaborate hotline——

Ms. AAL. Yes.

Chairman MILLER [continuing]. The network worked for months and months on that. But as I remember, the response was not terribly——

Ms. AAL. I think what you get with "The Day After" is an enormous number of pro or con calls regarding the nuclear issue.

Chairman MILLER. Yes.

Ms. AAL. It is a much different situation, and people were very anxious to be vocal about something like that. With "Amelia" you have got people coming forward who have a terrible secret and a great deal of pain. It is not just here's how I feel. Most of the calls that came in were not about you shouldn't put this on or you should put this on. But, this is what happened to me, how do I get help, I think this is happening in my family, where do I go?

It was interesting, too, because a lot of children called 2 days after. We kept the hotlines going in many areas so that if you didn't call that night you weren't denied an opportunity. Children called the next day, the day after that when they could get out of the house.

I was surprised to see the Denver statistic where 90 percent of the calls came from children because that was the most outstanding statistic. But the kids called when they were safe and away from their homes. Most of the initial calls were from women who had no one to tell.

When you stop to think about what that has done in their lives, and what they then give to their children as a legacy, it is very difficult, very difficult.

Chairman MILLER. Ms. Key, could you describe the kind of services that you are currently receiving at the Montgomery County Crisis Center?

Ms. KEY. Yes; I still see a counselor privately once a week with my son. She is instrumental in helping me raise him.

Chairman MILLER. Is this at the crisis center——

Ms. KEY. Yes.

Chairman MILLER [continuing]. Or is this someone you have been referred to?

Ms. KEY. No; this is at the crisis center. I am still on public assistance awaiting my disability, and I have no money for a private counselor.

Chairman MILLER. You were in residence at the Montgomery County Center, is that correct?

Ms. KEY. No; actually I spent only 1 night there. It was so crowded, my son got terribly ill and I had to go home. But, luckily, my having gone there kept Bob away from us. He tried to get to us there and couldn't, and so he stayed away from us.

Chairman MILLER. Were you also at some time in the group counseling?

Ms. KEY. Yes; I still go to weekly group session.

Chairman MILLER. What is discussed there mainly, what is the purpose of that group?

Ms. KEY. Self-esteem, we don't have it; 6, 8, or 10 women meet every week with two counselors. We are trying to rebuild our lives. It is difficult to talk about the past and we try not to any more than we have to, to get it out, to get it said. But mainly, we talk about our problems daily, most of us are dealing with assault cases coming to court, to try to struggle to make a living, how we go about living.

Congressman Marriott.

Mr. MARRIOTT. Thank you, Mr. Chairman.

I want to thank both witnesses for being here. I think it has been a very interesting morning.

Let me ask you, Deborah, first of all, Federal child-abuse legislation would fund sexual-abuse treatment programs, and a treatment program for victims and offenders was featured in the film that you produced.

Ms. AAL. Yes.

Mr. MARRIOTT. Do you think that would have anything at all to do with the number of calls that you received?

Ms. AAL. Partially; we were very careful at the end of the film to indicate that we had dramatized a therapeutic approach to the problem. Not all places would handle the problem this way, and in many places dad would be taken immediately to jail and that would be the end of it.

I think that, certainly, the approach we dramatized is the preferable one. I think it diminishes—unless there has been violent abuse, not that all abuse isn't violent, but of a physical nature.

I think that kids feel enormous guilt and families suffer terrible economic hardships. And I think, yes, I think people did call in because it seemed that this was a more benign, benevolent, workable situation to the problem.

Unfortunately, that is not available everywhere and we were, I hope, careful not to mislead the audience into believing that it was, although I personally feel that it should be.

Mr. **Marriott**. I want to congratulate you and the producers of this show "Something About Amelia." I did see the show and I did see "Nightline" following it, and I was very impressed. I think you did a great public service.

I would ask you to go one step further, though, and that is to keep doing these type of things. It might be helpful, also, for the public, to study what goes on in prisons. I am under the impression now, and some of the work that we have done, that the prisoners in our State penitentiaries, as high as 70 percent of them were victims of child abuse when they were young. And perhaps we might begin to find out what makes criminals when we look back at their lack of self-esteem and what happened to them as children.

I would certainly want to urge you, and your producers, and others to continue on this course, because I think you are doing a very great public service, and I would like you to know that.

Ms. **Aal**. Thank you.

Mr. **Marriott**. Just one question, Mary Louise. I want to thank you for coming forward and telling your story. It is a courageous thing that you have done.

I want to ask you just one question, though, that is somewhat puzzling to me, and if you don't mind me being just a little personal, and that is, at an early age you lost your self-esteem. Then it seems like every man in your life from that point on turned out to be an abuser of some type. For other people who might be looking to your life and if you could give them some advice, what would you tell them? Was your lack of self-esteem the thing that kept you in touch with the wrong kind of individual, if I can use that, was what you thought to be love maybe loneliness? How do you account for the fact that nearly everyone in your life turned out to be an abuser, a wife abuser, or a child abuser?

Ms. **Key**. I am reading a book now that is helping me to understand. I am still trying to understand. I, perhaps, only felt I was half a person and, therefore, I only found half a person; two halves make one person, not two people—so my relationships never worked.

I thought my chronic pain was impossible to live with. It is for me sometimes, and I am sure it must be for other people. I think that is why Pat started me on the course of finding out how to accept that. I am not to blame, I am not really guilty for all the trouble in my life. I don't choose this type person knowingly, it has happened. I have known some very fine people, too. I think that is why I am a survivor.

Mr. **Marriott**. I would like to congratulate you very much for your testimony and wish you the very best.

Ms. **Key**. Thank you.

Mr. **Marriott**. Thank you, Mr. Chairman.

Chairman **Miller**. Congressman Rowland.

Dr. **Rowland**. Thank you, Mr. Chairman. I do thank both of you for being here, and that certainly is a great public service that you have done. I did not see the film and this is really the first that I have learned very much about it, and I am very impressed by the number of phone calls that you got after the film. It seems to indicate that there was a lot going on and has been going on for a long period of time, and there was no reason for people to come forward, there was no compelling reason for people to come forward. But this film apparently did that, and I think that that is just real good in that respect.

You talked about showing this film to some 30 women in prison. Did you have any feeling after talking with those women as to whether or not there were certain types of people that saw that film in the prison that might lead you to have some insight as to the reason that they were there?

Ms. **Aal**. It was my general feeling that a great many of them were there because of feeling of low self-esteem because they felt that they were worthless, that many of them, it seemed, had been in that prison because they had given over to the wishes of a man who had inveigled them in some way in a disastrous situation which landed them in prison.

I think it was rather than a specific observation, it was more a feeling I had watching them watch the film, and listening to them afterward, and hearing to how many of them this had happened. That when you are diminished as a human being at an early age it is extremely difficult to recover. And I think that that loss of self-esteem, which has been what we are really talking about here, can have disastrous and enduring results. And I saw it very clearly there in that room.

Dr. **Rowland**. One other question I would like to ask you, males versus females that called in, did you keep a record of this, or do you have an idea about this, males versus females?

Ms. **Aal**. I have no concrete statistics to offer you. I didn't come prepared with that. I am sure statistics are available, and my guess would be, an educated guess would be, that far, far more women called than men.

Dr. **Rowland**. I was just wondering how many males might have called in indicating abuse by females.

Ms. **Aal**. The percentage of abuse by female perpetrators against males, male children, is less than 2 percent. Those statistics were given to me by Stan Katz, who is an accurate authority—less than 2 percent. So I think if that is reflective on the general number of people that called in, I think you would find those numbers very, very small.

Dr. **Rowland**. Thank you very much.

I would like to ask Mary Louise one question. The people that you associated with and the other victims of family violence in the crisis center, do they have a history similar to yours, or over a long period of time just one misfortune after another, generally speaking?

Ms. KEY. Yes; many of them, though, have tried to keep the family together for 20 and 30 years. As an example, one person prayed her husband would die because she couldn't get out of the family. She had brought her children up and they were gone and married, and he did die. Now she is guilty about that.

Dr. ROWLAND. Do many of them have experiences, do you know, of looking for someone else as you did, and finding that person to be also very unacceptable, and continuing to look?

Ms. KEY. I am afraid all of us have been married at least twice—not all, there are some that have stuck out 30 years, as I said.

Dr. ROWLAND. Thank you very much. Thank you, Mr. Chairman.

Chairman MILLER. Congressman McKernan.

Mr. MCKERNAN. Thank you, Mr. Chairman.

First of all, Mr. Chairman, I would ask unanimous consent to include in the record of this hearing a copy of a study that was done in my home State of Maine which is entitled "America's Children: Powerless and in Need of Powerful Friends," which deals with this problem of child abuse.

Chairman MILLER. Without objection, I know that you sent it to other members of the committee and I hope they have had a chance to look at it. It is very informative.

[The study referred to above appears at the end of hearing.]

Mr. MCKERNAN. Thank you, Mr. Chairman.

Just a couple of questions.

Ms. Aal, when you were doing your research for the production, did you come to any conclusions about what type of services were available to people who had been subjected to child abuse, be it incest or other types of abuse, whether or not those services were meeting the needs, and where there were changes that needed to be made?

Ms. AAL. The only conclusions I came to were the disparity, it had to do with the disparity.

As I said, you know, there are places as benevolent and as helpful as what Hank Giaretto runs in northern California. And then there are other places in the country where when help is needed, the response is immediate incarceration, family hardship.

So I think that it was evident to me what, personally, what was the preferable treatment; what was preferred, what was going to be more helpful in the long run. It seemed to me that while there are several hundred chapters of Parents United across the country and other counseling facilities like that, there aren't nearly enough. And there is no uniformity; literally, you can cross the street and find that the rules of the game are very different.

Mr. MCKERNAN. I gather that you believe that those who are guilty of spousal or child abuse are those who can be helped by counseling?

Ms. AAL. I feel that in a great many cases, the family is capable of rehabilitation, and I think that is vastly preferable to the alternative of jail for a father; anger, on the part of a mother; eternal guilt on the part of a child.

Mr. McKERNAN. Ms. Key, let me just ask you a couple of questions. Your story certainly is moving and I think we all wish you well in the future.

A followup on something Congressman Marriott said; it seemed to me that as you were relating the stories about different men in your life that you began each statement by saying that you realized that the person had a problem and you were hoping that you would be able to help him get over it.

I wonder whether that is consistent with some of the other women who are in your counseling groups, and whether this is an attempt to help people that you really down deep realize have a problem as you begin to get involved with them?

Ms. KEY. I think it is more a dream. I think we have a desire to have the perfect marriage, the perfect relationship. Perhaps we were brought up with that thought in mind and it just doesn't work that way, you have to be a whole person to have a good relationship.

Mr. McKERNAN. From the various facilities that you have experienced, various crisis centers, have you noticed that society is addressing this problem of abuse in a better way in the 1980's than it did in the late 1960's? Have you noticed that there is more of an awareness of the problem?

Ms. KEY. In 1967, there was no place to go. The police would not help a fireman's wife, there was a camaradarie there. I couldn't even get him taken from the house. I was taken to the hospital, that is how I got away.

Now, there is someplace to go. I can get a cab. I can take my children with me. I know that there is some help somewhere.

Mr. McKERNAN. Can you think of a better way for the help that is available to be advertised so that the people would be more aware of the alternatives that are available to individuals who find themselves in that situation?

Ms. KEY. I am not sure of better ways than television, that is the biggest medium. I know a lot of women who can't talk about this, though. It has taken me 3 years to be able to do this.

Mr. McKERNAN. Do you think that additional public service type announcements on television, advertising that these services are available, hotlines, and telephone numbers are a good way of publicizing what is available in the community?

Ms. KEY. Yes. I am thrilled to see every crisis center advertisement myself, and I know it scares people like Bob, it makes them think again. It kept him pretty straight for 3 years, you know, in between attacks. He was reminded that there is a law against hitting someone.

Mr. McKERNAN. Can you think of any better way for us to address the abuser, perhaps through counseling, or is there any way, from your experience, that we would be able to keep people who have this problem under control?

Ms. KEY. Yes, I think private counseling instead of group counseling. And alcohol, I believe, is a great part of it. But private counseling as opposed to group counseling, because it is a joke in a group of men. Apparently with this problem, you can't talk seriously about it among other men.

Chairman MILLER. Excuse me, I don't quite understand the answer. You are saying in terms of when you are dealing with the problem with respect to men, you are suggesting private counseling over a group?

Ms. KEY. For the abuser, yes.

Chairman MILLER. OK.

Mr. McKERNAN. You are saying that it is sort of a macho thing and difficult for men to talk about their problem in a group of men?

Ms. KEY. Yes.

Mr. McKERNAN. That is interesting. Thank you.

Ms. KEY. That might be the only way it is available now because it is understaffed, but it didn't help before, I know.

Mr. McKERNAN. Thank you. Thank you, Mr. Chairman.

Chairman MILLER. Congressman Levin?

Mr. LEVIN. I also found the testimony most interesting. I regret that I am going to have to miss the third panel. Picking up a previous question, Ms. Aal, I think it might be helpful if there is further information based on the phone calls, if you could provide it to us.

Ms. AAL. I will do my best.

Mr. LEVIN. If you could.

Ms. AAL. I will do my best to get whatever statistics are available to you and I can send them to this committee's office.

Mr. LEVIN. Let me just ask Ms. Key a couple of questions. One is, have you talked rather fully at the Crisis Center about the wisdom of proceeding with the criminal trial, if I might ask you that?

Ms. KEY. Yes, despite the assistant State attorney's advice to the contrary, I am proceeding with the criminal trial.

Mr. LEVIN. Without giving me details—I don't mean to pry—but I just wondered if in addition to your discussion with the State attorney you have also discussed it with people at the Crisis Center?

Ms. KEY. Yes, I have their support and I now have an assistant State's attorney who has given me a great deal of support. He doesn't believe in hitting women.

Mr. LEVIN. I didn't hear the last.

Ms. KEY. He doesn't believe in hitting women.

Mr. LEVIN. No further questions. Thank you, Mr. Chairman.

Chairman MILLER. Congressman Wolf?

Mr. WOLF. Thank you, Mr. Chairman. I appreciate the testimony of both panels, and all the members. It was very impressive and very educational. I have always felt that the greatest problem is the question of self-esteem and how good you feel about yourself, both from probably the person doing the abusing as well as the other person.

I wonder what happens in areas where there is no Crisis Center to go to, what happens in a rural area in the middle of the country whereby there is no place to go?

I just have two questions for Ms. Key. One, you had made a comment about alcohol. I wonder if you would elaborate a little more on that? What part do you think alcohol has played in this?

Ms. KEY. With Dave and Bob both, alcohol was the extreme problem. I was attacked both times while they were apparently under the influence. With my first husband, addressing your first comment, I haven't seen my children for 15 years. If I had been able to take them with me, and lose my baby, but keep them, and form our family—had there been a place to go 15 years ago I wouldn't have lost my two children, aged 3 and 5. Wheaton wasn't that rural, Wheaton is right here near Washington, DC.

Mr. WOLF. I wonder now what happens today in a rural area. In Fairfax County where I live, we now have a crisis center and I have been told it is a very frequently used place. What happens in an area not as up-to-date or progressive as where I live—and I am thinking of a rural area, a small town, which maybe doesn't have quite the budget and income as where I live. What does a woman do there?

Ms. KEY. I ran from Kentucky, there was certainly no place to go in White Oak Ridge, population 33.

Mr. WOLF. Nothing at all?

Ms. KEY. No place. I understood the sheriff was after my husband for killing a 78-year-old storekeeper while under the influence of drugs and alcohol. I perhaps could have run to the sheriff but I didn't know where to find him. We had no phone—there was no one to call.

Mr. WOLF. One comment to you—you might think of having a special on ABC on wife abuse. I think that would be a worthwhile show.

I have one question. Do you think sexual abuse is up or down versus, say, 20 or 30 years ago, and is it going up or is it going down? Which way is it going?

And then lastly, based on all your research, which you must have had to do, why, were the figures either up or down?

Ms. AAL. I think that it is increasing. I think that for the perpetrator, sexual abuse is about power, it is about potency—not in the sexual sense, it is about affect. I think we live in a world where people feel very little affect, very little potency, and very little power.

A man, classically a father in particular, has the unconditional love of his child. And when he needs to feel powerful, when he needs to feel potent, and when he needs to feel affect in the world—and when it is not being provided for him in his job, economically, I think often men turn to their daughters, because there is no resistance there. Most sexual abuse starts at age 8. An 8-year-old child wants to love her daddy, she doesn't want her daddy to be mad at her. That is the line in the film. And she will do what her daddy says. And while daddy may do it in the guise of this is what people do who love each other, don't ever tell your mom because she wouldn't understand—it is damaging, and it has very far-reaching repercussions. I think it is on the increase.

Mr. WOLF. Do you see that because of the complexity of society?

Ms. AAL. Yes, yes, I see that because of the complexity of society. I see that because I feel we are a society that does not love its children. That is a very strong statement, but I feel that we do not cherish childhood any longer. If we look around us, we find that childhood is a dinosaur, our children become adults at a very, very early age. And not only do they become adults, but they are made to be sexual objects by the media. I mean, what could be more attractive than a 15-year-old girl in a pair of tight Sasson jeans? You look on a billboard, youth is everything.

I don't mean to suggest that this is the only reason why this happens. But I do feel that society is extremely complex, the media is very sophisticated, there is a very high premium on youth. These are very difficult times that we live in, and I think that children are the ones who are bearing the brunt of it.

Mr. WOLF. I think what you say makes a lot of sense. I know you are not an expert insofar as this has been your study throughout your entire career, but what do you think can be done to jump ahead of the problem and cut it off? For instance, for those who have had the problem, we can treat and have the counseling centers. Is there anything that we could do as a society or as a government to get out in front of the problem and treat the symptoms and the causes, in addition to the people who have been hurt so far; do you have any thoughts about that?

Ms. AAL. I don't know how one dams this tide, I don't know how you stop a social trend. I think that these things have a motion of their own. I think that society tends to go through various changes, if you look at the 1960's, the 1970's, the 1980's, and before that.

I think what we can do that is practical, useful, helpful, is to have centers, have help available, have trained people, make that center accessible; try to find, from my personal point of view, some uniformity in these laws; some way of handling this so that there is a national consciousness about the abuse, the sexual abuse of children, and of women, and of wives, and of the elderly.

It is a frightening thing to me that we don't respect each other as people. It is even more frightening that we perpetrate these things on our own families.

Mr. WOLF. Thank you very much.

Chairman MILLER. Thank you. Congresswoman Boggs?

Mrs. BOGGS. I thank both of you so very, very much.

The reason that the Select Committee on Children, Youth, and Families was formed and adopted and funded by the Congress was because we need to have more respect for our children, more love and understanding, and because we have to put them in a holistic situation within a family setting. No individual member of a family can really survive well and live a full and marvelous life unless they are treated as part of a family.

I am very pleased that you feel, both of you, that counseling can be helpful, and families can stay together. Of course, when they cannot, we have to respect, I believe, the most innocent and fragile of the individuals in the family and that is the child.

So I am extraordinarily grateful to you. We have come a long way, but it has taken an inordinate amount of time and effort and love and understanding. Twelve years ago, I became interested in a drug rehabilitation program for teenagers, and what we discovered was that the children who were abusing drugs had been abused children. All of the information about the intergenerational problems of abuse among family members was unfolded at that time.

When Dr. Veronica Maas came to a group of Congresswomen several years ago and to Congressman Gil Goode to tell us about the homeless women in the District of Columbia, many of them were people who had been deinstitutionalized in a very good movement, but we had made no arrangements for what happened to them when they were deinstitutionalized—and about the difficulties, the violence to which they were being subjected on the streets. We had no language, no legislative language that identified homeless and destitute women.

While we were trying to get some language and to offer some type of legislation, a group privately opened a home for destitute and homeless women. The minute the doors were opened, they were pushed in by abused women from every part of the spectrum of economic social life. And there I began to realize the enormity of the problem of abused women. That has been a very long time ago that that occurred.

We have worked so hard in every village and every town and every city and every county and every State and here at the Federal level, and we have such a long way to go. I can't thank you enough for the film that will certainly push us along the way.

In that regard, I wondered if there is some way that we can expand the influence of the film? Perhaps through the phone calls and through your research and ABC's research, we could know what kinds of centers exist in various places. Perhaps there is a network of organizations within those geographic areas where you could put together the type of team that would need to be on hand for counseling, for shelter, et cetera, and be able to show that film to groups who could then know what was available to them in the event they were suffering some of these difficulties?

Ms. AAL. The film is being distributed by MGM Television. It is my understanding, since at 9 o'clock in the morning on the 10th, all of the switchboard lights were lighting up, and the first calls that came into our switchboard at the office were from professionals in the field wanting the film: teachers, psychologists, medical doctors, people in organizations who felt that airing the film would be helpful for them in their work.

Now, it is my understanding that MGM has taken care of the distribution and that the film is available, for use by nonprofit organizations. There has been an enormous effort to get this film cassetted and made available for commercial sale. That will not happen until ABC has its second run. ABC is entitled to two runs of the film. It has run once, and it will run again within the next year and a half. After that time the film will be available.

It is unfortunate, I think, that we can't get it sooner but I am nearly certain that no cassettes can be made of a film until the network has had what it is entitled by virtue of underwriting the cost of the film.

Mrs. BOGGS. But at least it is being distributed for educational——

Ms. AAL. Yes; it is being distributed for educational use.

Mrs. BOGGS [continuing]. Use?

Ms. AAL. And anyone who wants to see that film should call MGM Television Distribution in New York.

Mrs. BOGGS. That is very helpful. Thank you very, very much.

Ms. AAL. You are welcome.

Mrs. BOGGS. Ms. Key, I wonder in the crisis centers, for the people who are able to work, obviously you have been too injured to be able to work, are there any opportunities for job training or retraining of people who have obsolete skills? Is there an effort to go out and place them into an economic situation where they can survive, if they must survive alone?

Ms. KEY. As I understand from the people in my group, they are going to Rockville, and to A Woman's Place, where there is something along that line; networking is taught—I haven't availed myself.

Mrs. BOGGS. I would just like to say to you that you have a great deal of self-esteem to come here before us today, and we are enormously grateful to you.

Ms. KEY. Thank you very much.

Mrs. BOGGS. Thank you, Mr. Chairman.

Mr. WEISS. [presiding]. Thank you very much, Mrs. Boggs.

Ms. Aal, I have, I guess, only one question. In the course of your responses to questions you have focused on the lack of uniformity——

Ms. AAL. Yes.

Mr. WEISS [continuing]. In laws, approaches. Expand on that just a little bit, and is that really a problem or a strength since my sense of it is that there is no certainty as to exactly what approach is the right approach in dealing with the problem?

Ms. AAL. I agree with you that I suppose there is no certainty. And yet, I feel that it is reflected in my remarks just a moment ago. I feel that it is important that there is a national consciousness about this. I think that some uniformity of treatment and the availability of counseling should be made possible to the American people. It is not that way. It is my experience and through what I have culled in researching this film that the way these problems are handled is different in so many places.

What was depicted in the film was a composite model. It is very much like what happens in San Jose. For example, in Los Angeles County, just as an example, in Los Angeles County, if someone came forward and said as Amelia says in the film, my father has been messing with me, dad would be taken to jail. Now, difficult, because, yes, perhaps there are some fathers who deserve incarceration, should be put away forever, perhaps. It is not for me to decide. And yet, there are many families that can be rehabilitated; there are many men who can be rehabilitated; many perpetrators who can be saved; families can be kept together.

I do feel that it is important that we do find some way of handling this that is available to all Americans, people everywhere. There are many places in this country where that kind of counseling is just not done, it is not available.

The law steps in and handles it in a different way, and in a way that—the worst circumstances on the spectrum, I think that it is very detrimental.

Mr. WEISS. As I listen to you, you are really, I think, suggesting more flexibility rather than absolute rigidity. I mean, I don't think you would be happy if the uniformity was that everybody gets thrown into jail and the keys thrown away.

Ms. AAL. No, no, no. I am not suggesting that kind of uniformity.

Mr. WEISS. Right.

Ms. AAL. What I am suggesting is that counseling programs be made available all across the country.

Mr. WEISS. Right, OK.

Ms. Aal. County to county, city to city, suburb to suburb, State to State. That is not the way it is right now.

Mr. Weiss. Thank you very much.

Mr. Coats?

Mr. Coats. Thank you, Mr. Chairman.

I apologize for not being here to hear your testimony but I do appreciate you taking time to come before the committee. I just have one question.

In terms of the treatment of the offender, what has been, in your experience, the most successful program? What types of programs go toward treating the offender and breaking the cycle, the chain of the repeated abuse?

Ms. Aal. I have no experience, I only know what worked for us dramatically and what the experts who commented on the film and those associations which endorsed the film had to say to us about what it was that we were dramatizing there. And what we dramatized was a therapeutic approach. The father was removed from the home, the father went to counseling with the mother, the children remained in the home with the mother, the children went to counseling. And at such time as the psychologist who presided over the case, appointed by the court, deemed suitable, the father could be gradually reintroduced into the home situation and finally join his family.

Perhaps, and that to me seems to be a reasonable way of handling that kind of a problem, particularly for the kind of man that we depicted in the film. This is not a hulking brute who beats his daughter every night. What he does is perhaps as ugly, but it is the way in which he does it that is more benign.

Mr. Coats. But would you conclude that professional counseling is essential to dealing with the problem?

Ms. Aal. Yes.

Mr. Coats. And is individual counseling or group counseling, or a combination, one better than the other?

Ms. Aal. I think it depends very much on the nature of the perpetrator.

Mr. Coats. What kind of success rate do you find?

Ms. Aal. I read a statistic last night that Hank Giaretto put forward, and in his particular counseling method there is less than 2 percent attrition, less than 2 percent. Once these men have been rehabilitated, once these families have gone through the counseling program, less than 2 percent returned to that mode of behavior.

Mr. Coats. It is 98 percent successful?

Ms. Aal. Yes.

Mr. Coats. And what time period are we talking about in terms of treatment—I realize it differs with every case.

Ms. Aal. I don't know. Given what I have read about how that program functions, I think it is about 6 months, although you can stay in a lot longer.

Mr. Coats. What is the key toward successful treatment?

Ms. Aal. I think the most important thing is also depicted in the film was to get the father to admit; two very important elements, three, perhaps. One is to get the father to admit that he did it. The second is to go to his daughter and say, it is not your fault, I did it; the father must take responsibility for what he has done so that the daughter does not carry that burden of guilt and responsibility for the rest of her life.

I think a very important player in the scenario is the mother who needs to come to terms with what her marriage is, what she thought her marriage was, and what her relationship with her daughter is and should be.

Mr. COATS. Do you have an idea of what percentage—and I am sorry if I am going over territory you have already talked about—what percentage of abusers were abused children?

Ms. AAL. I don't have a statistic for you but I do have on good account, almost all of the literature I have read, Finkelhor, Rowland Summit, Russell, Susan Forward, almost all of the literature indicates that abusers were abused themselves.

Mr. COATS. That is the information that I have, that it is an astounding correlation between the two.

In your experience, is the recognition of that by the abuser that the going back into his early childhood memories and understanding and bringing that out, is that helpful in the therapy? Is that always understood by the adult abuser that they were abused?

Ms. AAL. Again, I can't testify as an expert because I am not a psychologist, I am a producer. But I think that understanding is only the beginning. It is learning to readjust one's mode of behavior. Just because you know that you have something in your past that has caused you to behave in a specific way in the present is not enough, it is a beginning, it is a start.

But I think one must go forward and one must receive help, counseling, treatment, and begin to redirect one's behavior, one's attitudes toward one's self, toward the family unit. We behave in the way we were taught to behave. And when one sees abuse at home, one has a tendency to perpetuate it in one's own home, as badly as we perhaps wouldn't want to. I mean, we are creatures of habit, we exist on learned behavior. And when we learn that this is what life is, and this is perhaps a translation of love, what is it for a daughter to hear a father say to her, at 8, or 9, or 10, I love you, this is what people do when they love each other?

Yes, that statement is true but it is certainly inappropriate. And what is she then to think? What is she then to carry into the rest of her life as her understanding of what it is to have a loving relationship with a man? What does that then say about what it is to be a parent, what does she then remember and bring to her own family?

Mr. COATS. One of my great, great concerns, and I guess goals in terms of direction that this committee gives, is that we try to find ways to break the cycle, to break the chain. And if we have learned one thing in our committee through our hearings and our travels, it is that the chain that exists between the problems, incest begets incest, and child abuse begets child abuse, and alcoholism begets alcoholism. And we have spent a lot of dollars and a lot of time in this country treating the disease, or the symptoms of the disease, always trying to put Band-Aids on the hemorrhaging wound, but haven't really concentrated enough efforts on the root cause in trying to break that.

I know that you are not a researcher, but with that kind of success rate indicated, it would seem to me that we ought to be pouring an awful lot of effort into breaking that chain so that we can stop the cycle, and with that kind of success rate among fathers, why, we ought to be directing our thoughts toward that kind of treatment as well as providing assistance for the abused.

Ms. AAL. I agree.

Mr. COATS. Thank you, Mr. Chairman.

Mr. WEISS. Thank you, Mr. Coats.

I want to thank both of you for a really very, very positive and effective testimony. The committee is grateful to you and hope we will be able to utilize it in the further work of the committee. Thank you very, very much.

Ms. AAL. Thank you.

Ms. KEY. Thank you.

Mr. WEISS. Our third panel will be composed of Mr. Hubie Williams, director of the Newark Police Department, on behalf of Police Executive Research Forum, Washington, DC; H. Jerome Miron, director of Victim Witness Program, National Sheriffs' Association, Washington, DC; Dan Williams, executive director, Catholic Charities, Mobile, AL, on behalf of the National Conference of Catholic Charities, and Emily Anne Staples, vice president and chair, Government Relations Committee, United Way of Minneapolis Area, MI.

If all of you will take your places at the witness table, we will proceed.

We have your prepared testimony and in each instance that testimony, will in its entirety, without objection, be entered into the record, and we will then invite you to present your testimony in whatever you deem it to be most effective and convenient for you. We will do it in the order in which you are listed.

I understand, Ms. Staples, that you have a time problem.

Ms. STAPLES. I have a meeting in Williamsburg that begins at noon, so if I could be at least second, that would be very much appreciated.

Mr. WEISS. We will honor that request. OK?

Ms. STAPLES. Thank you.

Mr. WEISS. We will start with you, Mr. Williams, and then we will go to Ms. Staples.

STATEMENT OF HUBERT WILLIAMS, DIRECTOR, NEWARK POLICE DEPARTMENT, NEWARK, NJ, ON BEHALF OF POLICE EXECUTIVE RESEARCH FORUM, WASHINGTON, DC

Mr. HUBERT WILLIAMS. Thank you.

Mr. Chairman and the distinguished members of this subcommittee:

Thank you for the opportunity to testify before you today. This morning, I am representing the 100-member Police Chiefs and Sheriffs' Association from the larger jurisdictions who are members of the Police Executive Research Forum. A national professional organization dedicated to improving the quality of police services, the Forum has been working since 1978 to improve police officers' capabilities to handle domestic violence calls.

The reason why the Forum has made domestic violence one of our top priorities for the past 5 years is because we police, who are often the first and only outsiders to become involved with these families, understand the magnitude of the problem and the devastating human suffering it causes.

As police officers, we see, as few others do, the damage done to the children who grow up in these violent homes. Too often the children are themselves abused and, as they grow up, we frequently encounter them as delinquents, prostitutes, runaways, and drug abusers.

As police administrators, we understand the operational costs of domestic violence. Domestic-related calls for police service represent anywhere from 15 to 25 percent of many major urban police agencies' workloads, and the calls involving the use of force comprise one-third of all domestic calls.

Moreover, each domestic call usually requires police officers to spend anywhere from 45 minutes to 1 hour in the home. We are also keenly aware of the dangerous nature of these calls, which result in all too frequent police officer deaths and injuries.

As law enforcement officials, we understand that these dangerous and deadly domestic violence calls constitute criminal behavior of the most serious nature.

While you will hear a great deal this morning about domestic violence, spouse abuse, and wife beating, I urge you to keep in mind that the essence of the domestic violence problem is violent criminal behavior, namely, homicide, aggravated assult, assault with intent to kill, rape, battery, theft, harassment, terroristic threats, and malicious mischief.

Because the members of the Police Executive Research Forum believe domestic violence involves serious criminal behavior, and because so many abusers deny responsibility for their violent behavior and blame their victims for the violence, we recommend using the authority and resources of the criminal justice system to express condemnation of this violence and to place legal controls on the abusers' behavior.

We support noncustodial sentences for these offenders in court-supervised treatment programs wherein they can learn non-violent skills to express anger, manage stress, and resolve conflict.

The police use of arrest is critical to this process of holding abusers accountable for their violence. The members of the Police Executive Research Forum have advocated, since 1979, the use of arrest in cases involving serious injury, use of a weapon or violation of a protection order.

We also suggest that arrests are often appropriate in misdemeanor cases involving a freshly committed assault, a second call to the police within a 7-day period, or when the safety of the victim is in imminent danger.

The expansion of police arrest authority in misdemeanor domestic assault cases, especially, has been a much-needed statutory change that can help prevent repeated acts of abuse.

In New Jersey, such a provision became effective on January 1, 1983 as part of our new domestic violence law. This law also makes violation of a civil protection order a criminal offense and requires officers to complete a separate incident report for each domestic violence case.

From January 1, 1983 to April 30 of this year, our officers filed 2,875 domestic violence forms, determined that a crime occurred in two-thirds of these cases, and made 715 arrests.

The Newark Police Department is participating in a program sponsored by the Police Executive Research Forum with three other police departments to develop model police procedures for domestic violence calls.

As a result, we have made significant changes within our department to provide battered women with the necessary protection and services.

First, we issued a written directive which establishes proper procedures for police officers to follow in these cases.

Second, we printed up a referral card for our officers to distribute to victims informing them of their legal rights.

Third, we provided all of our patrol officers with a 6-hour training course on domestic violence which emphasizes their dual obligation to enforce the law and protect the victims.

Fourth, we provided our 911 emergency call operators with special training to screen and properly classify battered women's calls.

And, fifth, we developed a formal protocol with our battered women's shelter for officers to refer victims.

What we learned through this program is that there are numerous practical steps that police can take to prevent subsequent acts of violence. By the way, we also discovered that this program is costly, a minimum of $75,000 spent to implement these procedures.

We learned that police must have adequate statutory authority to intervene in these cases, both in expanded arrest authority for misdemeanor assults and in making violation of a protection order a criminal offense.

We also learned that tougher arrest and prosecution policies, improved training programs for our officers, and referrals to battered women's shelters and abusers' programs can result in an overall reduction in both domestic-related calls for police service and in the number of minutes officers spend on each call.

In conclusion, Mr. Chairman, I hope my remarks give you a sense that there are police agencies across the country that are aware of the serious nature of the domestic violence problem and are trying to find effective ways to end the violence. Unfortunately, the police response to these calls has not always been proper.

For many years, we treated them as private family matters and did little to ensure equal protection of the victims' rights not to be beaten. I, for one, regret these misinformed and inappropriate police procedures and I offer apologies to any battered women who was repeatedly abused as a result of our lack of understanding about the criminal nature of this problem.

I can assure you that we are now taking the necessary steps to protect these victims and to hold the abusers accountable for their violent behavior.

But we cannot make these changes alone, Mr. Chairman. We need your help. I am here today to urge swift enactment of the Family Violence Prevention and Services Act which will provide much needed funding both for police training programs and shelters for battered women.

Police agencies across this country are in desperate need of training programs and materials that will provide them with proper guidelines for handling these dangerous calls.

Thank you, Mr. Chairman. I appreciate this committee's efforts to reduce domestic violence and to provide police officers with the necessary skills to protect themselves and the victims of these violent assaults.

Mr. WEISS. Thank you very much, Mr. Williams.

[Prepared statement of Mr. Hubert Williams follows:]

PREPARED STATEMENT OF HUBERT WILLIAMS, NEWARK POLICE DEPARTMENT, NEWARK, NJ

Mr. Chairman and the distinguished members of this subcommittee, thank you for the opportunity to testify before you today. This morning I am representing the 100-member police chiefs and sheriffs from the Nation's larger jurisdictions who are members of the Police Executive Research Forum. A national professional organization dedicated to improving the quality of police services, the Forum has been working since 1978 to improve police officers' capability to handle domestic violence calls. Under contract from the Law Enforcement Assistance Administration and the U.S. Department of Health and Human Services, we have produced three publications on the subject:

"Responding to Spouse Abuse and Wife Beating: A Guide for Police (1980); Spouse Abuse: A Curriculum Guide for Police Trainers (1981); and Working With Police: A Practical Guide for Battered Women's Advocates (1982)."

The reason why the forum has made domestic violence one of our top priorities for the past five years is because we police, who are often the first and only outsiders to become involved with these families, understand the magnitude of the problem and the devastating human suffering it causes. As police officers, we see, as few others do, the damage done to the children who grow up in these violent homes. Too often the children are themselves abused and, as they grow up, we frequently encounter them as delinquents, prostitutes, runaways, and drug abusers.

As police administrators, we understand the operational costs of domestic violence. Domestic-related calls for police service represent anywhere from 15 to 25 percent of many major urban police agencies' workloads, and calls involving the use of force comprise one-third of all domestic calls. Moreover, each domestic call usually requires police officers to spend anywhere from 45 minutes to one hour in the home. We are also keenly aware of the dangerous nature of these calls, which result in all-too-frequent police officer deaths and injuries.

As law enforcement officials, we understand that these dangerous and deadly domestic violence calls constitute criminal behavior of the most serious nature. While you will hear a great deal this morning about "domestic violence," "spouse abuse," and "wife beating," I urge you to keep in mind that the essence of the domestic violence problem is violent criminal behavior, namely: homicide, aggravated assault, assault with intent to kill, rape, battery, theft, harassment, terroristic threats, and malicious mischief.

Because the members of the Police Executive Research Forum believe domestic violence involves serious criminal behavior and because so many abusers deny responsibility for their violent behavior and blame their victims for the violence, we recommend using the authority and resources of the criminal justice system to express condemnation of this violence and to place legal controls on the abusers' behavior. We support non-custodial sentences for these offenders in court-supervised treatment programs wherein they can learn non-violent skills to express anger, manage stress, and resolve conflict.

The police use of arrest is critical to this process of holding abusers accountable for their violence. The members of the Police Executive Research Forum have advocated, since 1979, the use of arrest in cases involving serious injury, use of a weapon or violation of a protection order. We also suggest that arrests are often appropriate in misdemeanor cases involving a freshly committed assault, a second call to the police within a 7-day period or when the safety of the victim is in imminent danger.

The expression of police arrest authority in misdemeanor domestic assault cases, especially, has been a much-needed statutory change that can help prevent repeated acts of abuse. In New Jersey, such a provision became effective on January 1, 1983, as part of our new domestic violence law. This law[1] also makes violation of a civil protection order a criminal offense and requires officers to complete a separate incident report for each domestic violence case. From January 1, 1983, to April 30 of this year, our officers filed 2,875 domestic violence forms, determined that a crime occurred in two-thirds of these cases, and made 715 arrests.

The Newark Police Department is participating in a program,[2] sponsored by the Police Executive Research Forum, with three other police departments [3] to develop model police procedures for domestic violence calls.

As a result, we have made significant changes within our department to provide battered women with the necessary protection and services. First, we issued a new written directive which establishes proper procedures for officers to follow in these cases. Second, we printed up a referral card for our officers to distribute to victims informing them of their legal rights. Third, we provided all of our patrol officers with a new six-hour training course on domestic violence which emphasizes their dual obligation to enforce the law and protect the victims. Fourth, we provided our 911 emergency call operators with special training to screen and properly classify battered women's calls. And, fifth, we have developed a formal protocol with our battered women's shelter for officers to refer victims. What we learned through this program is that there are numerous practical steps that police can take to prevent subsequent acts of violence. We learned, for instance, that police must have adequate statutory authority to intervene in these cases—both in expanded arrest authority for misdemeanor assaults and in making violation of a protection order a criminal offense. We also learned that tougher arrest and prosecution policies, improved training programs for our officers, and referrals to battered women's shelters and abusers' programs can result in an overall reduction in both domestic-related calls for police service and in the number of minutes officers spend on each call.

In conclusion, Mr. Chairman, I hope my remarks give you a sense that there are police agencies across the country that are aware of the serious nature of the domestic violence problem and are trying to find effective ways to end the violence. Unfortunately, the police response to these calls has not always been proper. For many years we treated them as private family matters and did little to insure equal protection of the victims' rights not to be beaten. I for one regret these misinformed and inappropriate police procedures and I offer apologies to any battered woman who was repeatedly abused as a result of our lack of understanding about the criminal nature of this problem. I can assure you that we are now taking the necessary steps to protect these victims and to hold the abusers accountable for their violent behavior.

But we cannot make these changes alone, Mr. Chairman. We need your help. I am here today to urge swift enactment of the Family Violence Prevention and Services Act which will provide much-needed funding both for police training programs and shelters for battered women. Police agencies across this country are in desperate need of training programs and materials that will provide them with proper guidelines for handling these dangerous calls.

Thank you, Mr. Chairman. I appreciate this subcommittee's efforts to reduce domestic violence and to provide police officers with the necessary skills to protect themselves and the victims of these violent assaults.

Mr. WEISS. Ms. Staples, we have this situation: The bells that you have heard indicate that there is a quorum call to be followed by a vote that will last 5 minutes. That means that if we leave we won't be back for another 15 or 20 minutes.

I think that perhaps the thing to do is to ask you to testify but with the knowledge that all you have is about 5 minutes, so I give you your choice as to what you think is most appropriate.

Ms. STAPLES. At this stage, I have sort of two plane arrangements, so I would just as soon wait, that is fine.

Mr. WEISS. Yes? OK, fine.

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[1] This law defines the following offenses as "domestic violence" if they are committed between family members over the age of 16: Assault, kidnapping, criminal restraint, false imprisonment, sexual assault, criminal sexual contact, lewdness, criminal mischief, burglary, and harassment.

[2] This program is funded by the Levi Strauss Foundation, the Florence Borden Foundation, the Chicago Resource Center, and the Playboy Foundation.

[3] Albuquerque, NM/ Charleston, SC; and Memphis, TN.

Then the committee will stand in recess. We will return as soon as the vote is complete.

[Recess.]

Mr. SIKORSKI [presiding]. Let's begin. I would like to begin by welcoming Ms. Emily Anne Staples, the chair of the Government Relations Committee and vice president of the board of directors for the United Way of Minneapolis area.

Emily Anne is also a member of the Government Relations Committee for the United Way of America. I had the great privilege of serving 4 years in the State senate with her, and together we helped forge some good, tough Minnesota laws and some good, sensitive Minnesota programs in this area.

Some months ago, I forwarded to Chairman George Miller a study on family violence by Ms. Staples and the United Way of Minneapolis because I thought it was an excellent study and because United Way had made the problem of family violence its No. 1 priority.

I know with her incredible energy and concern and talent that something good is going to come out of her work there and her testimony here today. With that, Emily Anne Staples.

Ms. STAPLES. Thank you, Representative Sikorski. It is a great privilege to be testifying in front of this committee, particularly in front of an old colleague.

For the record, would you like me to reidentify myself?

Mr. SIKORSKI. Yes, please.

STATEMENT OF EMILY ANNE STAPLES CHAIRWOMAN, GOVERNMENT RELATIONS COMMITTEE OF THE UNITED WAY OF THE MINNEAPOLIS AREA

Ms. STAPLES. Mr. Chairman, members of the committee:

My name is Emily Anne Staples. I chair the Government Relations Committee of the United Way of the Minneapolis area and serve as vice president of its board of directors. I am also a member of the Government Relations Advisory Committee of the United Way of America.

My purpose here today is to share with you the great interest and concern which United Ways and their participating agencies have in the areas of abuse and neglect of both children and adults.

While my experience and consequently my remarks will be focused primarily on my United Way and the Minneapolis/Twin City area, the committee should be aware that this interest and concern is shared by many of the more than 2,300 United Ways across the country, including those in Arizona, California, Texas, and Washington, upon whose programs I will comment briefly in my presentation.

In the Minneapolis area, the two highest ranking problem categories for United Way funding are abuse and neglect of children and abuse and neglect of adults.

Programs and services which address these two problem categories will in calendar year 1984 receive $3.2 million in United Way funding. This represents 14.3 percent of our total allocations.

Having said that, let me tell you briefly how we arrived at our problem categories and how they were prioritized. I think it will help provide a view of how these problems are perceived by the Minneapolis community. And after listening to testimony today and also some of the other readings, we do not consider ourselves a violent area or a violent community, but I think we have delved into this perhaps to a greater extent than some other areas.

Since April 1982, our United Way has allocated its funding based on identified problems within the community. Their ranking is based on three factors: The importance of the problem, the adequacy of resources to deal with the problem, and the ability of United Way agencies to have an impact on the problem.

The high ranking of these two problem areas is the result of an extensive community process involving 192 different individuals, including elected officials, staff from government agencies, and representatives of private foundations, academic institutions, United Way-supported agencies, and other service providers, as well as the area citizen volunteers.

Each problem was reviewed in detail, with attention to the following characteristics: The definition of the problem; the populations affected by the problem; its seriousness to the individual; the extent of the problem and its impact on the community, and the resources available to deal with the problem. The resources include the current funding, both United Way and from other sources, and a look at the trends in funding, and the adequacy of services to address the problem.

Having done all this, the final recommendations were reviewed and approved by our 22-member Priorities Committee and our 60-member Board of Directors. I think you realize that we did not arrive at these problem priorities lightly.

But what do we mean by abuse and neglect of children and abuse and neglect of adults?

Child abuse, we identified as causing suffering by children through nonaccidental injury or emotional trauma resulting from acts or omissions by any person in a position of power over them. Abusive or neglectful acts are violations of community treatment standards or laws.

The most likely victims of sexual abuse are children aged 10 to 12 years of age, who stand out in any way; those with physical or mental handicaps or those who are especially bright, or shy, or precocious, et cetera. They come from families under stress; parents or guardians who are strong believers in physical punishment; those who are abuse victims in their own childhood; and from families who are not knowledgeable about child development and age-appropriate behavior.

The problem is increasing. In 1982, 2,738 children under age 18 in our two major counties were reported victims of abuse or neglect. This is approximately 1 percent of that age population. Incest occurs in an estimated 10 to 14 percent or between 16,000 and 22,000 families in our community. I found that astonishing so I asked for complete documentation, which I provided, because I couldn't believe it when I was hearing those statistics myself.

The seriousness to the individual from these problems in addition to the risks of physical injury and death, include impaired intellectual functioning, personality difficulties, physical disabilities resulting from poor physical development, and the tendency to become abusers themselves in adulthood. The long-term social, economic, and medical costs for dealing with abusers and abuse victims is staggering.

The incidence of physical and sexual abuse and neglect of children has been increasing and is expected to increase within the next 2 years. Contributing factors we discovered are: residual unemployment and underemployment from the recent recession; continued reduction of Federal and State programs to meet economic, social, and health needs of the poor, increased numbers of single-parent families and adolescent parents, and new reporting requirements which brings this problem more clearly to our attention.

On that note, there was a "Nightline" program just a week and a half ago, a family from Hopkins, MN, was being dealt with by Ted Koppel, and an abusing parent who had been removed from the home and incarcerated was back with his family, and testified how that had affected their family and what it meant to have had treatment and then to be able to be rehabilitated and returned to the family.

In 1984, the Minneapolis United Way will fund 42 programs which address this problem. They will receive a total of $1,751,257 or 7.6 percent of our total allocation. The other major funding sources include State and county agencies and insurance companies. The State and the counties of Hennepin and Anoka support a wide range of programming including prevention, intervention, crisis programs, therapy, and aftercare.

These State and county sources usually involve the use of Federal funds because some insurance companies will pay for therapy but will not pay for long-term treatment for abuse victims. And this distinction, I think, is important for your committee to understand.

Our analysis is that resources addressing this problem will be inadequate to meet the need in the next 2 years.

Awareness of child-abuse's identifying signs and a willingness to report such cases is still inadequate. Treatment programs are not well developed or widely available, especially in the outlying portions of our service area, which addresses a question asked earlier. Due to reduction in third-party payments for mental health therapy, abuse victims who require long-term care are prevented from receiving these services because the sources with sliding fee scales have long client waiting lists.

Now I turn to abuse and neglect of adults. By this, we mean acts or omissions resulting from nonaccidental physical injury to the victim. Rape, sexual assault, and molestation are violent acts of this nature but also serious are neglect by individuals with caretaking or guardianship responsibilities for adults, and the threats of physical harm.

The most affected population are women and functionally impaired persons dependent upon others for their care. It is estimated that 140,000 women in the Minneapolis United Way service area, one in four, will be abused within their adult lives.

The incidence of reported adult abuse and neglect is increasing and it is expected to continue increasing. Among the factors influencing this is the increasing size of high-risk populations; the deinstitutionalized mentally ill or handicapped adults, frail elderly persons, families under stress revolving around deprivation of basic human service needs; and families forced to relocate because of economic circumstances.

In 1984, our United Way will fund 30 programs that address this problem. These programs will receive a total allocation of $1,444,670 or 6.7 percent of our total.

Our estimate of services is that emergency intervention, services designed to identify and address the needs of high-risk families, the system of reporting and awareness among professionals, and information about available service are all inadequate. There are no services that provide respite, followup, and support; and until recently, our criminal justice system has failed to effectively enforce laws regarding domestic violence which the previous speaker spoke about. We have recently changed that and I would hope that our Minneapolis chief of police would be here to address that because we have just begun to work on that problem, and to arrest the—affect the abuser.

We have a problem, though, and worse, we are not alone.

In communities throughout the country, United Ways and other service providers, including government, are working to provide both treatment and prevention services to combat the national horror of physical and sexual abuse of our children and vulnerable adults.

As a member of the national Government Relations Committee for United Way of America, I meet with volunteers throughout the country. Let me mention just a few of the programs currently going on in other States and some of the difficulties that they have faced. The four States I will deal with are Texas, Washington, California, and Arizona.

In Texas, child-abuse cases are classified by severity and prioritized as I, II, and III. Priorities I and II are reserved for individuals suffering from severe abuse or neglect who are in imminent danger of death. Funding for services for this population was eliminated in 1981 because of Federal funding cutbacks.

In 1983, United Ways in Texas established a legislative priority to restore funds for priorities I and II, and the legislature approved it. Priority III children, however, who are not in immediate danger of death from abuse or neglect, still are not served in Texas.

Until the last few months, the State of Washington did not have any laws to require the reporting of abuse of the elderly. United Ways in Washington, in cooperation with a Government agency, conducted a survey and discovered that one-half of all cases of elderly abuse went unreported.

With strong support from the United Way, the Washington Legislature recently passed a law mandating that abuse of the elderly be reported. However, the new law does not take effect until July 1, 1985, for the reason that the State simply did not have the funds to pay for caseworkers who would be needed to follow upon reports of abuse. The State hopes to secure funds in their next session for between five and six full-time equivalent employees to handle the increased workload.

In California, the Los Angeles United Way serves a population of more than 7 million individuals. The area is so large it is divided into five regions, each of which has its own system of priority funding. Sexual abuse of children and adults is in the top 3 of 20 funding priorities in each of the five Los Angeles regions.

The Los Angeles United Way, together with Los Angeles County, has worked to establish a new County Children's Service Department which will be operational September 1 of this year. County funding will be between $10 and $12 million.

The board of directors of the Los Angeles United Way recently endorsed a volunteer proposal asking the State of California for new funding for services to deal with sexual abuse of children and adults. While these kinds of recommendations for Government funding may be commonplace among some social service organizations, the Los Angeles United Way had never before made such a request. The unprecedented position taken by the United Way Board was in recognition of the seriousness of this situation and the overwhelming need for significant new funding to address this problem, which I am sure, obviously, Chairman Miller agrees with.

In Arizona, the Tucson United Way has had as part of its legislation priorities increased funding for day-care and child-protection services. This was necessitated by cuts in those programs that resulted from reduction in Federal funding and significant State tax-revenue losses.

There has been some restoration of funding for child-abuse victims, but almost no funding for services to the abuser. Last year, the Tucson United Way initiated a treatment program for abusers. 1984 funding for this program is limited, however, to $20,000.

In conclusion, I know you are interested in our view of the need for Federal assistance to supplement State, local, and private efforts to provide services to victims of family violence and I do want to touch on this question.

It is not difficult for me to come to Washington and simply say we need Federal assistance, please, some of your money to address this problem. However, as we know, your money is our money, and every one of us is painfully aware of the Federal budget difficulties and the dilemmas you face.

However, we in Minneapolis have committed $3.2 million to this problem in 1984 and our major county, Hennepin, has committed $6.7 million net, that does not include the matching Federal funds.

We are both making significant contributions but we know that much more is needed.

Los Angeles County is committing between $10 million and $12 million to establish a new County Children's Service Department, and they have concluded that additional help is necessary.

It is my hope that the Federal Government will assist these significant efforts by local government and the private sector. We speak of a partnership—Federal Government, local government, public and private sectors. I know that sometimes some individuals interpret that to mean you fund, we spend.

In this case, the physical and sexual abuse of children and adults is a serious national problem which is being addressed by significant amounts of private sector funding, and significant contributions from local government.

I believe that this is an area in which increased Federal assistance is indeed also necessary.

Thank you for your attention.

[Prepared statement of Emily Ann Staples follows:]

Prepared Statement of Emily Anne Staples, Chair of the Government Relations Committee of the United Way of Minneapolis Area and Vice President of its Board of Directors

Mr. Chairman, Members of the Committee: My name is Emily Anne Staples, I am chair of the Government Relations Committee of the United Way of Minneapolis Area and Vice President of its Board of Directors. I am also a member of the Government Relations Advisory Committee for the United Way of America.

My purpose here today is to share with you the great interest and concern which United Way and their participating agencies have in the areas of abuse and neglect of both children and adults. While my experience and consequently my remarks will be focused primarily on my United Way and the Minneapolis/Twin City area, the committee should be aware that this interest and concern is shared by many of the more than United Ways across the country, including those in Arizona, California, Texas and Washington, which I will comment on in my presentation.

In my community, the two highest ranking problem categories for United Way funding are: "Abuse and Neglect of Children and Abuse and Neglect of Adults."

Programs and services which address these two problem categories will, in this calendar year, receive $3.2 million in United Way funding. This represents 14.3 percent of our total allocations.

Having said that, let me tell you briefly how we arrived at our problem categories and how they were prioritized. I think it will provide a clear view of how these problems are perceived by the Minneapolis community.

Since April of 1982, our United Way has allocated its funding based on identified problems within the community and their ranking is based on the importance of the problem, the adequacy of resources to deal with the problem and our ability to have an impact.

The high ranking of these two problem areas is the result of an extensive community process involving 192 different individuals including elected officials, staff from government agencies, private foundations, academic institutions, United Way-supported agencies, and other service providers.

Each problem was reviewed in minute detail: Its definition; affected populations; its seriousness to the individual; impact on the community; and the resources available to deal with the problem. (This included current funding, both United Way and other sources—the trends in funding, and the adequacy of services to address the problem.)

Having done all this, the final recommendations were reviewed and approved by our 22-member Priorities Committee and our 60-member Board of Directors. I think you can see that we did not arrive at these problem priorities lightly.

But what do we mean by abuse and neglect of children and abuse and neglect of adults?

ABUSE AND NEGLECT OF CHILDREN

Child abuse is suffering by children of non-accidental injury or emotional trauma resulting from acts or omissions by any person in a position of power over them. Abusive or neglectful acts are violations of community treatment standards or laws and within this category we also include teenage prostitution which we consider to be an act of child abuse.

The most likely victims of sexual abuse are children aged 10 to 12 years of age, who stand out in any way; those with physical or mental handicaps or those who are especially bright, shy, precocious, etc. They come from families under stress; those who are strong believers in physical punishment, those who were abuse victims in their own childhood and from families who are not knowledgeable about child development and age-appropriate behavior.

The problem is increasing. In 1982, 2,738 children under age 18 in our two major counties were reported victims of abuse or neglect. This is approximately one percent of that population. Incest occurs in an estimated 10 to 14 percent or between 16,000 and 22,000 families in our community.

We also estimate that one in five females and one in eleven male children will be sexually abused at some time. Although I have read recently that the rate of male sexual abuse is now one in eight.

The seriousness to the individual from these problems in addition to the risks of physical injury and death, include impaired intellectual functioning, personality difficulties, physical disabilities resulting from poor physical development, and the tendency to become abusers themselves in adulthood. the long term social, economic and medical costs for dealing with abusers and abuse victims, is staggering.

The incidence of physical and sexual abuse and neglect of children has been increasing and is expected to increase within the next two years. Contributing factors are: Residual under-and unemployment from the recent recession, continued reduction of federal and state programs to meet economic, social and health needs of the poor, increased numbers of single-parent families and adolescent parents, and new reporting requirements which brings this problem more clearly to our attention.

RESOURCES

In 1984 the Minneapolis United Way will fund 42 programs which address this problem. They will receive a total of $1,751,257 or 7.6 percent of our total allocation. Other major funding sources include the state and county agencies, and insurance companies. The state and county support a wide range of programming including prevention, intervention, crisis programs, therapy and aftercare. These state and county sources usually involve the use of federal funds. Some insurance companies will pay for therapy but will not pay for long-term treatment for abuse victims and this distinction is important.

Our analysis is that resources addressing this problem will be inadequate to meet the need in the next two years. This is due to government programs receiving maintenance level support and private agencies receiving reduced payments from insurance companies.

ADEQUACY OF SERVICES

Awareness of child abuse's identifying signs and a willingness to report such cases is inadequate. Treatment programs are not well-developed or widely available, especially in the outlying portions of our service area. Due to reduction in third party payments for mental health therapy, abuse victims who require long term care are prevented from receiving these services as sources with sliding fee scales have long client waiting lists.

ABUSE AND NEGLECT OF ADULTS

By abuse and neglect of adults we mean acts or omissions resulting in non-accidental physical injury to the victim. Rape, sexual assault and molestation are violent acts of this nature but also serious are neglect by individuals with care-taking or guardianship responsibilities for adults, and threats of physical harm.

The most affected population are women and functionally impaired persons dependent on others for their care. It is estimated that 140,000 women in the Minneapolis United Way service area (one in four) will be abused within their adult lives. Its impact on individuals and the community is similar to that for abuse and neglect of children.

The incidence of reported adult abuse and neglect is increasing and is expected to continue increasing. Among the factors influencing this is increases in the size of high-risk populations: deinstitutionalized mentally ill or handicapped adults, frail elderly, increased family stress due to changing roles in two-job families, reduced federal and state support for basic human service needs and forced relocation because of economic circumstances.

RESOURCES

In 1984, our United Way will fund 30 programs that address this problem. These programs will receive a total allocation of $1,444,670 or 6.7 percent of our total. Federal funds for new programs addressing this problem are being reduced while state and county funding is being sustained. Our estimate of services is that emergency intervention, services designed to identify and address the needs of high-risk families, the system of reporting and awareness among professionals, and information about available services, are all inadequate. There are no services that provide respite, follow-up, and support; and until recently, our criminal justice system has failed to effectively enforce laws regarding domestic violence.

We have a problem. And worse, we are not alone.

In communities throughout the country, United Ways and other service providers including government, are working to provide both treatment and prevention services to combat the national horror of physical and sexual abuse of our children and vulnerable adults.

As a member of the National Government Relations Committee for United Way of America, I meet regularly with volunteers throughout the country. Likewise our Minneapolis Government Relations Staff is in regular contact with other communities to share information and work together. Let me mention just a few of the programs currently going on in other states and some of the difficulties that they have faced. I'll address or identify those in four states: Texas, Washington, California and Arizona.

TEXAS

In Texas, child abuse cases are classified by severity and prioritized as I, II, or III. Priorities I and II are reserved for individuals suffering from severe abuse or neglect who are in imminent danger of death. Funding for services for this population was eliminated in 1981 because of federal funding cutbacks.

In 1983, United Ways in Texas established a legislative priority to restore funds for priority I and II child abuse cases and the Legislature did approve it. Priority III children, however, who are not in immediate danger of death from abuse or neglect, still are not served in Texas.

WASHINGTON

Until the last few months, the State of Washington did not have any laws to require the reporting of abuse of the elderly. United Ways in the state in cooperation with the government, conducted a survey and discovered that one-half of all cases of elderly abuse went unreported.

With strong support from the United Way, the Washington Legislature recently passed a law mandating that abuse of the elderly be reported. However, the new law does not take effect until July 1, 1985. The reason for this is that the state simply did not have funds to pay for caseworkers who would be needed to follow up on reports of abuse. The state hopes to secure funds in their next session for between 5 and 6 FTE to handle the increase workload.

CALIFORNIA

The Los Angeles United Way serves a population of more than 7 million individuals. The area is so large it is divided into five regions, each of which has its own system of priority funding. Sexual abuse of children and adults is in the top three (of twenty) funding priorities in each of the five L.A. regions.

The Los Angeles United Way, together with L.A. County, has worked to establish a new County Childrens Service Department which will be operational September 1 of this year. County funding will be between ten and twelve million dollars.

The Board of Directors of the Los Angeles United Way recently endorsed a volunteer proposal asking the State of California for new funding for services to deal with sexual abuse of children and adults. While these kinds of recommendations for government funding may be commonplace among some social service organizations, the Los Angeles United Way had never before made such a request. The unprecedented position taken by the United Way Board was in recognition of the seriousness of this situation and the overwhelming need for significant new funding to address this problem.

ARIZONA

In Arizona, the Tucson United Way has had as part of its legislative priorities, increased funding for day care and child protection services. This was necessitated by cuts in those programs that resulted from cuts in federal funding and significant state tax revenue losses.

There has been some restoration of funding for child abuse victims, but almost no funding for services to the abuser. Last year the Tucson United Way initiated a treatment program for abusers. Nineteen-eighty-four funding for this program is, however, limited to $20,000.

CONCLUSION

As I stated earlier, the problem of physical and sexual abuse of children and adults is indeed serious throughout our country, and it requires our immediate attention. Many United Ways are making this a top priority for staff and volunteer time as well as funding. Fourteen percent of our allocations in Minneapolis is being used to address this problem in 1984 amd more funds will be commited in 1985.

Committee staff have been given copies of my presentation as well as additional material which explains in more detail some of the information I have just reviewed.

1985 UNITED WAY PRIORITIES PROBLEM RANKING BY FUNDING CATEGORY

HIGHEST

Abuse and Neglect of Children.
Abuse and Neglect of Adults.
Chronic Malnutrition.
Inability to Live Independently.
Educational Disavantages.

HIGH

Adolescent/High Risk Pregnancy and Adolescent Parenting.
Problems of Stress and Adjustment.
Chemical Abuse/Dependency.
Discrimination.

MEDIUM

Emergency Needs.
Juvenile Delinquency.
Refugee Resettlement.
Inadequate Opportunities For Youth Development.
Developmental Disabilities.
Mental Illness.
Chronic Disease.

LOW

Inadequate Child Care.
Unemployment.
Crime victimization.

LOWEST

Neighborhood Disintegration.
Inadequate Housing.
Accidental Death and Injury/Sudden Life Threatening Situations.
Infectious Disease.
Dental Disease.

PROBLEM DEFINITIONS 1985 UNITED WAY PRIORITIES

HIGHEST PRIORITY

Abuse and neglect of children

Acts or omissions by adults resulting in non-accidental physical, sexual and/or emotional harm to children.

Abuse and neglect of adults

Acts or omissions by adults resulting in non-accidental physical, sexual and/or emotional injury to other adults particularly women and vulnerable elderly, disabled and mentally handicapped people.

Chronic malnutrition

Undernouishment and malnutrition occurring from protracted dietary inadequacies and insufficient food consumption. Most affected are low- and fixed-income people, pregnant women and the elderly.

Inability to live independently

Impaired ability in carrying out daily activities resulting from functional disabilities and/or the aging process, sometimes requiring institutionalization. People affected are either: physically handicapped; elderly; chronically diseased; victims of accidental injury, or, lacking normal vision, speech and/or hearing.

Educational disadvantages

Lack of basic education and school-associated social skills resulting in: difficulties securing and maintaining employment; low income; poor self-esteem, and; difficulties functioning in society.

HIGH PRIORITY

Adolescent/high risk pregnancy and adolescent parenting

Jeopardy to pregnant mothers, their unborn children and infants' health and well-being resulting from inadequate prenatal care, poor nutrition, chemical abuse and poverty, and; jeopardy to infants' health and well-being resulting from the parenting of inexperienced and immature teenage parents.

Problems of stress and adjustment

Impaired or strained ability of individuals, couples and/or families to cope with stressful problems in their daily lives, e.g. divorce, death of a relative, social isolation, changes in status, etc.

Chemical abuse/dependency

Pathological, incapacitating, self-destructive use of moodaltering substances which interfere with daily functioning. When dependency occurs effects are disease-like.

Discrimination

Denying people equal opportunities to employment, housing, public accommodations, education or public services because of race, sex, religion, disabilities, affectional preference, age and/or other personal characteristics.

MEDIUM PRIORITY

Emergency needs

Sudden, uncontrollable and/or unexpected loss of income or property experienced by individuals and families resulting in their immediate, short-term need for food, clothing and shelter.

Juvenile delinquency

Unlawful behavior of youth under age 18 e.g. robbery, larceny, etc. (delinquency) and, behavior or youth defined as unlawful because of their age, e.g. truancy, running away, etc. whether or not it has resulted in legal action by police and courts.

Refugee resettlement

Social, emotional, health and economic difficulties experienced by refugees recently arrived in the United States while adjusting to an unfamiliar culture.

Inadequate opportunities for youth development

Insufficient and/or inaccessible opportunities for youth to develop to their potential socially, emotionally, physically and morally. Missed opportunities includes: interaction with people of different backgrounds, association in self determining groups, vocationally related skills development, relationships with adult role models and positive peer relations.

Developmental disabilities

Early onset, life-long mental and physical handicaps which impair ability for independent functioning, e.g. Mental Retardation and Cerebral Palsy.

Mental illness

Long term, severe and episodic psychiatric disorders that impair an individual's ability to function independently (e.g. schizophrenia and profound depression).

Chronic disease

The array of disease conditions affecting all body systems. These usually are irreversible, progressively cause functional limitations and shorten life expectancy (Multiple Schlerosis, Heart Disease, Arthritis, Asthma, Diabetes, Cardiovascular disease, Alzheimers.)

LOW PRIORITY

Inadequate child care

The inaccessibility and costliness of safe, stimulating, reliable and supervised child care sites for low-income parents and guardians. This can become a barrier to securing employment, training and relief from household tensions.

Unemployment

Lack of work or full-time jobs resulting from fluctuations in the labor market and business cycle, technological displacement, discrimination and problems associated with poverty e.g. educational deficiencies and lack of experience.

Crime victimization

Experiencing of destructive or injurious acts which violate the criminal law; the physical, emotional and economic consequences of such acts; and, the fear such acts engender.

LOWEST PRIORITY

Neighborhood disintegration

The lack of neighborhood cohesion, organization or influence in maintaining control over the local economic, social and political environment. Associated environmental conditions are poverty, high unemployment, deteriorating housing, crime, delinquency and failing businesses.

Inadequate housing

Lack of affordable, accessible and quality dwellings for low- and moderate-income people.

Accidental death and injury

Unexpected and sudden events which may be disabling, life-threatening and/or fatal resulting primarily from accidents (e.g. poisoning, motor vehicle collisions) and cerebrovascular or cardiovascular incidents (heart attacks, strokes, etc.)

Infectious disease

Contagious illnesses caused by bacteria, viruses and parasites transmitted to susceptible hosts by air, water, food, animals and other human carriers.

Dental disease

Chronic and progressive, but often preventable ailments of the mouth, teeth or gums sometimes resulting in malnutrition, disfigurement and neurological and skeletal disorders.

Mr. SIKORSKI. Thank you. I know you have a time constraint.

My only question was the one that you just answered so I am not going to repeat it. We hear time and time again from this administration, its supporters and others that the private sector should bear a larger burden. Your report indicates the private sector has rechanneled moneys, perhaps at great loss to other good programs but, nonetheless, has rechanneled money into this area, but it is clear that the private sector has required major assistance from both State and local and Federal Government, and that even more is needed.

Ms. STAPLES. I think that is true, and I am addressing only as I say, the five States, and there is ample evidence that much more is happening in other States. It was just in the interest of time easier to pinpoint these. But I think that the significant fact is that the private sector is taking this very seriously and committing significant funds.

Mr. SIKORSKI. Good.

Mrs. Boxer?

Mrs. BOXER. I would like to ask you just one question.

What stunned me about the testimony here this morning by a victim of child abuse and later adult abuse was the inexorable feeling you get that this person just keeps getting back into these situations, and that somewhere there has got to be a break in the cycle.

I wonder if United Way and its programs that it supports has documented this fact that where you break the cycle you then solve the problem? Now, not in every case, but have you documented that?

Ms. STAPLES. There certainly are agencies represented who are working on this, and I am not sure how, at this stage, how great the documentation is. Certainly, one of the areas is intervention, and intervention within the families so that the abuser receives treatment as well as the abused. But also through the programs, particularly some of the victim abuse shelters, and working with some of the programs, the kind that were mentioned here this morning, it seems to be working. I don't think that there has been enough time to really tell whether that cycle has indeed been broken, and at what time you need to reach young children who have been victims of abuse.

But that certainly is part of the program that is happening in some of the agencies the United Way assisted in funding in our area.

Mrs. **Boxer**. I was going to say, Mr. Chairman, I think if we could really put into numbers what we save when we intervene, I think we could make a very good economic argument in addition to the moral argument.

Ms. **Staples**. Unquestionably, and I think that is beginning to be done. I think that it has been soon to get concrete numbers to be able to make any really serious documentation, but I think that will come.

Mrs. **Boxer**. Thank you.

Mr. **Sikorski**. Thank you very much.

Ms. **Staples**. Thank you very much for having me.

Mr. **Sikorski**. H. Jerome Miron is the director of victim witness program and is here today testifying on behalf of the National Sheriffs' Association as a whole. Is that correct?

STATEMENT OF H. JEROME MIRON, DIRECTOR, NATIONAL SHERIFFS' ASSOCIATION'S VICTIM WITNESS PROGRAM

Mr. **Miron**. Yes, sir.

Mr. **Sikorski**. Thank you.

Mr. **Miron**. I would like my written testimony that I had submitted to your office earlier to be introduced into the record and I will highlight that.

Mr. **Sikorski**. Yes, that would be perfect.

Mr. **Miron**. Thank you, Mr. Chairman, for the opportunity to be present at this particular hearing.

First of all, the National Sheriffs' Association is the largest professional criminal justice association in the United States, composed of 45,000 members, including 46 State Sheriffs' Associations.

Our combined mission is to promote and support the fair, effective and efficient administration of justice at the local level. There are approximately 3,200 sheriffs' departments in the United States who provide law enforcement, court related, or corrections services in most of the urban, suburban, and rural counties in all regions of the United States.

A few preliminary comments about the legislation that this body is aware that the House has passed recently, namely, H.R. 1904, the Child Abuse Amendments of 1984. Our association has consistently and strongly supported that bill.

We also are on record and have so notified Members of the Senate that S. 2430 and S. 1003, which are similar companion pieces to this legislation, are also worthy of being passed quickly, we hope, by the other side of this body, the Senate.

Having said that, I propose to comment only on two aspects of these many pieces of legislation, the one dealing with child abuse and, of course, the second dealing with family violence.

In the area of child abuse, this legislation appropriately defines it as the physical or mental injury, sexual abuse, exploitation, negligent treatment, or maltreatment of a child under the age of 18. This definition, of course, parallels the intent of most State statutes that define these actions as really acts of personal violence and crimes of personal violence; that is, one person injuring another that involves criminal liability.

However, though, they are crimes of violence, these are also crimes committed in an environment of private violence. Unlike robbery or muggings that are public in nature, that is, they are held outside the confines of the privacy of the home or some other private place, child abuse is not a visible crime. It is, therefore, not as suppressible and not as preventable by routine visible police actions as are other types of crimes. Moreover, there are very few, if any, witnesses, other than the offender and the victim.

Moreover, in child abuse, since the victim is a child, there are multiple problems associated with either the willingness or the ability of this victim to come forward and seek assistance from either helping organizations or from representatives of the local justice system.

Since 1974, when the original Child Abuse Prevention and Treatment Act was passed, significant changes have been made in State laws; among other things, to mandate reporting of such actions associated with child abuse by appropriate and knowledgeable child-saving agencies. The benefit of such mandated reporting has been to increase the knowledge and foster an awareness of the extent of this problem.

However, with that awareness has come new dimensions to the meaning of child abuse. Child abuse now includes a litany of horrors that ranges from infancy to the late teen years, a litany that goes far beyond just the battered child syndrome. It includes such categories of abuse as missing children, either those who are thrown away by their families, who run away, who are victims of parental abduction, or victims of pediophilia abduction.

There are also sexually abused children—those who are the victims of incest, molestation, and child rape. And there are those who are sexually exploited children—those who are involved in child pornography, or adult-centered sex rings.

But within these three large categories there are at least 40 different types of sexually abused and sexually exploited victims as children.

It is impossible to obtain the exact statistics about this latter aspect of child abuse: sexual abuse and exploitation. Such victimization, unlike the battered child, is not as amenable to the same type of mandated reported as is present in the mandated reporting by physicians and others.

Indeed, as recently as yesterday, in a report to the National Association of Social Workers, one researcher indicated that as many as one-third of all physicians may not even know about the mandated requirements for battered child reporting, let alone for reporting about child exploitation and sexual abuse that may come to their attention.

Most of the child abuse problems are intrafamilial; they may be undetected for a long period of time; they may be discovered by accident; or they may be discovered and there may be some process of investigation and no suspect may ever be apprehended. Even if apprehended and detected, there may be insufficient legal evidence to go to court; or the offender may not be convicted; or even if the offender is convicted, the offense may fall under a specific set of legal categories that are not age-specific.

For example, in Massachusetts alone, the sexual victimization of a child can fall under 25 different statutes.

For these and many other reasons, it is almost impossible to retrieve the number of identified sexual offenses committed specifically against children. We know the classes, we know the types, but we don't know yet the number.

We have enormous confusion in the literature, and misleading information in some instances, and exaggerated information in other instances, because of the lack of firm understanding of the extent of this problem.

For example, we have estimates that in the group of women under the age of 18, as many as one in four, some studies indicate, may have been or may be predictably exploited or abused either in the family or outside the family.

That is an astonishing number. It is almost twice the number of all unreported and reported crimes of any kind in this country. Therefore, one of the acts that we think the Federal Government can do and should do, and must do, is to enact the clause that is contained in each of these three pieces of legislation, namely, to get some kind of data, census data about the nature, extent, and dimensions of the problem of child abuse, whether it be in the area of runaway children to participation in adult-directed sex rings under the exploited sexual child abuse categories that we mentioned earlier.

It is only with that kind of knowledge that then we can begin to examine what are the best and appropriate organized efforts on the part of law enforcement and others to provide some kind of response to this emerging problem.

Law enforcement responses are limited to either the actual report of an offense or the often accidental discovery of such offenses. I might add that, child-serving agencies and child protection agencies are limited—they depend on access to information about the extent of this problem as reported by someone.

Frequently, the law enforcement community, in attempting to investigate such events, requires a set of skills, knowledge, and attitudes that are in short supply in law enforcement agencies. Such skills are not easily obtained even in current law enforcement training programs.

It is only within the past 5 years that we have seen the formation of specialized Crimes against Children units in many agencies. New specializations are being developed.

Therefore, a second feature of this legislation and one that we think is important for the Federal Government to address is the provision of modest resources to aid law enforcement and other child-serving agencies to participate in training programs, and to receive technical assistance that examines not only the nature of the problem, but also tries to create a multidisciplinary local community response to the problem.

For example, one investigator in this region who has been highly successful in obtaining 100 percent of confessions by molesters and incestuous parents and/or guardians, expressed his growing frustration with the present shortfalls in community resources and community coordination by noting that ". . . when he asks children to trust him, to come forward, to help him by telling about what happened, he may uncover such a horror story that he says, sooner or later, I need to advise them for their own protection, for their own care, that they may have to be taken from their home, taken from the schools that they are at, taken from their local neighborhood, taken from their friends, and placed in the care of the State through some civil process."

"Yet, there are no adequate treatment places in this community"—and I may mention that the community is one of the most wealthiest in the United States—"to which I can place these children so they can get the type of treatment and support they need."

Several features of this bill try to address that by looking at the development of local treatment and support centers.

Let me move on to family violence. We welcome and strongly support the inclusion of this issue of "Family Violence Prevention and Services" both in this bill and the Senate bills, because, again, as in our comments on child abuse, family violence is an act of personal criminal violence to a victim. It has a criminal liability, it is a crime. But, again, it is private; it is usually underreported or not reported; it is an act performed between two people who are at least publicly bound by some tie of relationship. Like child abuse, its national, regional, or local incidence can only be estimated.

The bills that you passed and the bills in the Senate go toward the beneficial end of trying to get firm documentation or census data, if you will, on the actual extent of family violence.

For the law enforcement community and the justice system, one of the principal objectives is to stop the kind of violence that occurs within families, within these private environments. And also to collaborate with other resources so that such violence does not reoccur. Interventions by law enforcement agencies will, of course, vary, on the circumstance, the community culture, the policies of the agencies and the policies of the justice system, particularly relating to the subsequent prosecution of these cases.

To date, there is little empirical evidence that provides policy guidance to either law enforcement or the justice system on how to address in all instances reports of family violence.

The recent study by the Police Foundation that the former witness mentioned, which was conducted in the Minneapolis Police Department, offers some limited guidance to the effectiveness on spouse abusers of arrest as a deterrence to future acts compared to the use of other interventions. We await the replication of this study in other cities in order to determine more carefully how well this one intervention works compared with others.

However, all of these bills do try to look at encouraging the expansion of shelters, the provision of training and technical assistance to service agencies, all of which we are in agreement on.

However, there is one final comment that we would like to make. The use of police powers, which include the power to arrest, the power to restrict freedom, the power to exercise legitimate, even deadly force, are powerful tools granted to a law enforcement agency. Often, such power must be used with discretion and with appropriate judgments usually made on-scene and in minutes. Invoking these powers to address the issue of some aspects of family violence should not be done indiscriminately. Restricting the use of these powers also should not be done indiscriminately. Implicit in the use of the power of arrest, and the power to use force, and the power to restrict freedom is the corresponding need for law-enforcement agencies to have access to other interventions, resources, and, skills that can help them make appropriate decisions about other types of interventions needed to deal with this special form of private, often familial, crimes of violence.

One major development that is taking place in the law-enforcement community in the past few years is the focus on the victims of such crimes. Most law-enforcement officials are comfortable with their ability to respond to and deal with offenders, particularly violent offenders. What is missing and is slowly evolving is an equal ability to see to it that the needs of these victims are met. Most of the needs of child-abuse victims and family-violence victims cannot be met directly by law enforcement agencies.

Community resources, skilled intervenors, and service providers and coordination of efforts between law enforcement and other service providers are essential requirements to provide the type of multiple interventions needed to restore victims to a position of prior worth and competency.

In NSA's work to date with Victim Witness Programs in the United States and in various law-enforcement agencies, we have found that an optimum local model of service and treatment to these types of victims is one that has four characteristics:

There is a full awareness on the part of all professional and volunteers in the community of all the local resources that are present in that community to aid children and families.

There is a second constant effort at training, developing interactions and programs across agency lines, and multidisciplinary approaches in treatment and services

Third, there is a professional willingess to ignore artificial boundaries or turf in favor of a mature willingness in a local community to work together seriously on a common community problem that affects all of us.

And, fourth, there is a respect for the limits of what can be done by governmental action.

We are still far from seeing visible and realistic manifestations of this optimum model. These three pieces of legislation and other efforts done by this Congress may help push forward the notion, through the modest support that you are giving that interventions can be done to break this cycle of private violence. There are multiple interventions, there is no single intervention model; but, most of the work, all of it, has to be done within the local context of community culture and community resources.

As much as that can be facilitated and enhanced by these bills, then it will go a long way, I think, to helping us understand more about the problem, and enable us to address it properly.

Thank you.

[Prepared statement of H. Jerome Miron follows:]

PREPARED STATEMENT OF H. JEROME MIRON, NATIONAL SHERIFF'S ASSOCIATION, WASHINGTON, DC

Mr. Chairman and Members of the Committee, the National Sheriffs' Association appreciates the opportunity to appear here today, at your request, to discuss our views on the "Child Abuse Amendments of 1984" (H.R. 1904).

I am H. Jerome Miron, the Director of the National Sheriffs' Association's Victim Witness Program; as such, I have been requested by you and delegated by our Association to present our Association's comments on this particular set of amendments.

The National Sheriffs' Association is a professional criminal justice association of 45,000 members, including 46 State Sheriffs' Associations, whose mission is to promote and support the Office of the Sheriff and to foster the fair, effective and efficient administration of justice. There are approximately 3,200 sheriffs' departments in the United States which provide law enforcement, court-related, or corrections services in most of the urban, suburban, and rural counties in all regions of the United States. As elected, constitutional officers Sheriffs perform a cross-cutting and pivotal role in the administration of justice and the delivery of services since their duties relate to practically all aspects of a local justice system—law enforcement, courts, and corrections. Moreover, as elected officials, they serve and are routinely accountable to the citizens of their communities. In this latter capacity, they act as a key point of access to the justice system for these citizens, and, on their behalf, attempt to foster a more humane and efficient administration of justice.

The National Sheriffs' Association strongly supports this bill. We do so because this proposed legislation provides expanded Federal leadership and modest, though necessary, support for training, technical assistance and the development of coordination mechanisms among programs that focus on two of the most intractable problems to confront law enforcement and the justice system: child abuse and family violence. It is these two issues and the manner in which this bill relates these issues to the needs of the law enforcement community and the justice system that we would address today.

Other witnesses will, I am sure, comment on specific features of this bill that relate to the stated policies of this bill concerning infants at risk, adoption, and the role of the States and sub-state entities in the performance of their responsibilities regarding the prevention and treatment of the multiple needs of children and families that suffer from abuse and neglect.

CHILD ABUSE

The bill defines the terms "child abuse and neglect" as the physical or mental injury, sexual abuse, or exploitation, negligent treatment, or maltreatment of a child under the age of eighteen, or the age specified by the child protection law of the State in question.

The bill further describes these terms by specifying that those who commit such acts includes persons who are responsible for a child's welfare including employees of a child residential facility or persons who provide out of home care for children.

These definitions, of course, parallel the intent of most State statutes that define crimes of personal violence, i.e., one person injuring another in a manner that involves potential criminal liability. Most of the actions associated with these crimes are actions done in a world or environment of private violence.

Unlike robbery or muggings, they are not visible and are, therefore, not as suppressible or preventable by routine visible actions of law enforcement's presence. Often, there are few, if any, witnesses other than the offender and the victim. Since the victim is a child, there are multiple problems associated with either the willingness or the ability of this victim to come forward and seek assistance from those representatives of the local justice system—or any other helping organization—whose mission and goal is to lessen or prevent the occurrence of violence to children.

Since 1974 and the passage of the original Child Abuse Prevention and Treatment Acts, as amended, (P.L. 93-247 and P.L. 95-266) significant changes have been made in State laws to mandate reporting of such actions by appropriate and knowledgeable child-serving sources: day care workers, hospital staff, physicians, teachers, etc. The benefit of such changes has been to increase the level of knowledge about the extent of this problem and to foster an awareness among professional child serving and child protection agencies about this problem of private violence to children. Such reporting, originally, seemed to focus on personal acts of violence to infants and pre-teen children: the battered child. However, with the expansion of knowledge has come new dimensions to the meaning of child abuse.

Child abuse includes a litany of horrors that range from infancy to the late-teen years. It includes such categories of abuse as: (1) missing children—those who are runaways, the victims of parental abduction or pediophilia abduction; (2) sexually abused children—those who are the victims of incest, molestation, and child rape; (3) sexually exploited children—those who are involved in child prostitution, pornography, or adult-directed sex rings. And, within these categories, there are multiple sub-sets of types of victimizations. (cf. Appendix: Fact Sheet: Sexual Victimization of Children Program For Police—Behaviorial Science Unit: FBI Academy, no date).

It is, of course, impossible to obtain exact statistics about this latter aspect of child abuse—sexual abuse and exploitation—because such victimizations (unlike the battered child victim) are not as amenable to the same type of mandated reporting as presecribed in this bill since 1974. Moreover, many of these types of crimes against children are intra-familial, may be undetected for long period of time, may be discovered by accident, or the suspect may never be apprehended. Even if detected, there may be insufficient evidence to go to court; or the offender is not convicted; or even if the offender is convicted, the offense may fall under a number of different state statutes which are not age-specific. For example, in Massachusetts (cf, Groth, et. al, 1982: Appendix), the sexual victimization of children can be encompassed under 25 different statutes. Therefore, it is impossible to retrieve the number of identified sexual offenses committed specifically against children.

Nevertheless, within the past decade, criminal justice professionals and human service providers are encountering ever increasing numbers of reported incidents of sexual abuse and exploitation of children. But as noted by Goldstein in a recent article (cf, Goldstein, 1984, Appendix) "* * * Studies of the number of victims and people involved in the sexual exploitation of children in America provide confusing and misleading information * * *" For example, Goldstein notes that one study suggested that as many as 25 million women will have been molested before they reach age 13; another study suggests that 19.2% of all girls and 8.6% of all boys are victimized as children; another suggests that some 200,000-300,000 molestations of female children occurs annually and that less than 10% of these are ever disclosed. Most studies agree, however, that the national dimensions are not adequately measured and that even the reports of actual incidences may only be the tip of the iceberg.

When one examines the essential characteristic of adult sexual involvement with a child—of whatever type or category—one recognizes that it is, by definition, a coercive act, an act in which power over the child is exerted, an act in which there is not consent or informed consent.

As such, these acts are crimes of violence. These acts are directed against those who have little power, limited maturity and experience, and even less knowledge and coping skills to offset the impact of these actions on their future life.

Organized efforts by law enforcement agencies to provide some form of response to reports or discoveries of crimes against children are expanding. However, law enforcement responses are limited to either the actual report of an offense or the often accidental discovery of such crimes in conjunction with other investigations of other types of crimes. Once reported or discovered, the actual investigation of such events requires a set of skills, knowledge, and attitudes that are frequently in short supply in law enforcement agencies and, more frequently, such skills are not easily obtained in law enforcement training programs. It is only within the past five years that we have seen the formation of specialized Crimes Against Children units in some agencies. New specializations are being developed that focus on the investigations and collaborative treatment of children as victims of crime. Organized victim and witness programs in law enforcement agencies that provide special support services to aid investigators of crimes against children are not yet fully developed or implemented in many agencies. Even when present in a given jurisdiction such specialized investigative units and victim witness programs require constant training and upgrading of skills, constant interaction with other child service agencies, and constant interaction with community resources. For example, one investigator expressed his growing frustration with the present short-falls in community resources by noting that * * *

"When I do ask children to trust me and come forward to help me by telling about what happened * * * I am aware that, sooner or later, I will need to advise them that, for their own protection and care, they may have to be taken from their home and placed in care of the State * * * Yet, there are no adequate places in this community to which I can place them so that they can get the type of treatment and support they need * * *"

Several features of this bill will be of great assistance to law enforcement and to the victims that such agencies must serve:

The amendments that prescribe the study and investigation of the national incidence of child abuse (Section 101, 2(b), 6) is critical and a long overdue requirement. We trust that, by regulation at least, the process of collecting such data and the process of disseminating such findings will involve members of the law enforcement community at the Federal, State, and local levels. We need to understand the exact dimensions of this problem if law enforcement and others are to collaborate on the means to prevent or control the increase in this type of criminal violence;

Those amendments that require new efforts to collaborate among agencies and organizations (Sections 101, 2(b), 7) that have responsibilities for programs and activities related to child abuse and neglect are, also, long overdue. Again, we trust that by regulation, at least, these new efforts will involve members of the Federal, State and local law enforcement agencies. It is also clear that State, substate, county and city collaborations are essential for our national efforts to prevent and control abuse. Too often, usually by inadvertence or oversight, law enforcement officials are the last to be advised or consulted about community-wide effort to collaborate on community problems. This must cease if our approaches to the crimes against children and the private violence to these victims is to be mitigated in some careful and appropriate fashion;

Section 8 of the above cited sections are also important and essential for law enforcement: our colleagues need access to and understanding of any resources that may be available. The amendment offers the prospect, soon, that information about community resources and information on how to develop such resources in a given area can be used by the law enforcement community.

One amendment [Section 104, 5(b)(1)] that is of particular interest to the law enforcement community is the authorization and appropriation of modest sums to support training that is designed to prevent, identify and treat sexual abuse of children. While the sums suggested are miniscule when compared with the dimensions of the problem and the ever increasing needs and demands of law enforcement agencies and personnel for such specialized training, nonetheless the intent of the legislation is a beginning and a good start.

We do not ask that such sums be targeted exclusively to law enforcement; indeed, the actual targets of such training are not specified in the bill. What we do ask is that by regulation States or other training providers who are the recipients of such sums notify and publicize the availability of such future training for law enforcement officials.

Moreover, we hope that the focus of the training will be multi-disciplinary; that it will involve a team approach to the problem; and, that in such training environments, law enforcement agencies will be able to join with other service providers in order to develop, expand, and implement, at the local level, those needed multi-disciplinary, coordinated, and interagency tactics that, alone, may be able to address this growing problem of private violence to children.

FAMILY VIOLENCE

We welcome and strongly support the inclusion into this bill of Title III: Family Violence Prevention and Services. The dual intent of this amendment is, of course, a policy that every law enforcement official and justice system representative would applaud and support if for no other reason than that it provides to all of us an added resource in our combined efforts to reduce violence and to serve innocent victims of violence.

As is true of our comments on child abuse, "family violence", as described by this Title III, is an act that fits within the broad description of a criminal act. It is private. Usually underreported or not reported. And, it is an act between those who are publically, at least, bound by ties of relationship. Like child abuse, its national, regional, or local incidence can only be estimated. That it does occur and that it is reported to law enforcement agencies in ever increasing numbers is a fact.

That it is as equally a problem to law enforcement as is child abuse is also an acknowledged fact.

Family violence, also produces different types of victims: the spouse who is battered and abused; the children who are witnesses to secondary victims of such spouse abuse; other relatives and close friends. The etiology of such violence is, of course, multiple. Treatment for all of the primary and secondary victims is complex, difficult and requires multi-disciplinary approaches.

For the law enforcement agency and the justice system, one of the principle objectives is to stop the violence and to collaborate with other resources so that such violence does not recur. Interventions by law enforcement agencies will vary on the circumstances, the community culture, the policies of the agencies and the policies of the justice system in the subsequent prosecution of reported and investigated cases.

There is little empirical evidence, to date, that provides policy guidance to either law enforcement or the justice system on how to address, in all instances, reports of family violence. The recent study by the Police Foundation in one city offers some limited guidance as to the effectiveness on spouse abusers of arrest as a deterrence to future acts compared to the use of other interventions. We await the replication of this study in other agencies to determine more carefully how well one intervention works compared with others.

This Title III, however, provides support, directly and indirectly, to law enforcement's efforts to be responsive to the victims of family violence.

The Title III amendment encourages and supports the enhancement and expansion of shelters for victims of family violence who require such care. Within the past decade, relationships between law enforcement agencies and family violence shelters have progressed so that each sees the importance and need of their mutual work and mission.

With the growing incidence in reporting of family violence to law enforcement and the mutual collaboration between law enforcement and shelters, the need for expanding such shelters in areas where there are none of few existing facilities have been acknowledged and sought after by law enforcement officials. The shelter represents one option or intervention available to law enforcement and its efforts to stop the violence. Moreover, the type of related assistance that may be provided in a well organized and managed shelter is a continuing intervention that may discontinue completely the cycle of violence usually associated with family violence and therefore reduce the number of repeated calls for assistance to a law enforcement agency.

Given the emerging growth and development of victim service units within law enforcement agencies, linkages between shelter families, shelter counsellors and law enforcement officials may be forged so that better understanding of the characteristics of family violence can be developed. Such characteristics may be used by law enforcement officials in order to diagnose trends and determine patterns of family violence that, may, over time be able to be used to identify "families at risk". Appropriate interventions can be made, early on, to prevent or lessen the development of the cycle of family violence.

It has been suggested by some that shelters could also be used to house abusers as an alternative to moving spouses and children from the familiar environment of home, community, friends and school. Coupled with work-release programs, intensive probation, and work-furlough, these types of shelters—a form of half-way houses—could become centers for individual and family therapy for such families. We favor this idea since one of the more personally wrenching tasks of law enforcement or the justice system is to oversee the move of spouses and children—who are, in fact, victims—from a familiar environment. Though this bill does not specify this alternative, Section 305(b)(2) seems to us to provide authority sufficient to research and study this option.

Several features of Title III will be of assistance and value to law enforcement:

Section 305(b)(3) (A) and (B) provides for the collection, analysis and dissemination of information and statistics relative to the incidence of family violence. We trust that Federal, State and local law enforcement agencies will be part of the process of developing such information and part of the process for the receipt of such data. Our comments earlier regarding data collection and analysis of child abuse information is equally pertinent to family violence data and information;

Section 305(c) authorizes grants for the provision of technical assistance, training and outreach services to local public agencies and others. We trust that, by regulation at least, notification about the availability of such training and assistance will be made to Federal, State and local law enforcement agencies.

Two special features of this bill deserve some comment. Section 310 discusses the establishment of and appropriate duties of Section 310 discusses the establishment of and appropriate duties of a National Center on Elder Abuse. Law enforcement officials have noted the development of this new type of crime and the special problems such an event poses to agencies. Quite frankly, it is such a recent phenomenon that little guidance is available to local agencies. That it may increase, given the bulge in the demographics of older sets of the population in the next fifteen years, seems to be a reasonable forecast. We welcome this initiative and we would hope that coordination between the Center's work and Federal, State and local law enforcement agencies would be part of the planned efforts of the Center.

Section 311 is, indeed, a most welcome initiative: The Law Enforcement Training and Technical Assistance Grants. The intent of this section is to provide training and technical assistance for local and State law enforcement agencies concerning development of means to respond to family violence incidents.

One of the major advantage of this section is that it will provide a needed forum and environment in which representatives from agencies can meet, confer and learn from one another about what works and how to implement tactics and programs to stop the violence in families. Too often we forget that written publications about program ideas or models do not provide the type of information and ideas about workable programs that practitioners need to discuss and analyze. Training and techncial assistance programs and services provide such information and free exchange of ideas. Different agencies and different jurisdictions have different problems and different alternative solutions to such problems associated with family violence. Often workable programs must be tailor-made to conform to the presence or absence of local community resources.

As was the case in our earlier comments on training and assistance for law enforcement agencies in child abuse interventions, so too in this section we wish to repeat our earlier suggestions: We hope that the focus of the training will be multidisciplinary; that it will involve a team approach to the problem of family violence; and that it will involve efforts by law enforcement and other family service providers to develop coordinated, interagency approaches.

CONCLUSION

Victims of child abuse and family violence are victims of crimes committed against them and their future growth as persons. Abused children can and often do become juvenile and adult abusers themselves. This cycle of violence—whether intra-familial, cross generational, or adult to child—can be broken. Interventions can be made that can provide the type and form of treatment that can restore such victims to a position of self-worth and competency in coping with the initial and subsequent effects of their victimization.

In many instances, law enforcement agencies are—like hospital emergency rooms—the only available, 24-hour, emergency or crisis response agency contacted or informed about such victimizations.

The use of police powers—the powers to arrest, restrict freedom and exercise legitimate force—are powerful tools granted to a law enforcement agency. Often such power must be used with discretion and with appropriate judgements usually made on-scene and in minutes.

Invoking these powers should not also be done indiscriminately; restricting the use of the powers also should not also be done indiscriminately. Implicit in the use of such powers is the corresponding need for law enforcement agencies to have access to other resources and skills that can help them make appropriate decisions about the types of interventions needed to deal with these special forms of private, often familial, crimes of violence. One major development that is taking place in the law enforcement community is the focus on the victims of such crimes. Most law enforcement officials are comfortable with their ability to respond to and deal with offenders—particularly violent offenders. What is missing, to date, is an equal ability to see to it that the needs of victims are met. Most of these needs cannot be met directly by local law enforcement agencies.

Community resources, skilled intervenors and service providers and coordination of efforts are seen as essential requirements to provide the types of multiple interventions needed to restore victims to a position of worth and competency. By such a process, the victim is more able to provide the type of cooperation that is needed to carry forward the types of investigations, examinations, and inquiries needed as part of the canons of the justice system.

Arrest, prosecution, and justice imposed punishments or sanctions on offenders of children and spouses are, of course, suitable interventions. Often they are the only type of intervention that may fit the characteristics of the violent act.

This bill, if properly administered, may provide to law enforcement agencies the beginnings of support and collaboration with others in local communities who seek to stop the violence against those who are most vulnerable in our society.

In NSA's work to date with victim/witness assistance programs in various law enforcement agencies and among the Sheriffs of this country, we have found that an optimum local model of service and treatment to these victims is one in which there is a full awareness of all local resources—both professional and volunteer—on the part of child and family service providers and enforcement officials; there is constant training, interactions across agency lines, and multidisciplinary approaches in treatment and services; there is a professional willingness to ignore artificial boundaries of "turf" in favor of a mature willingness, seriously, to work together on a common, community problem that affects all; and, there is a respect for the limits of what can be done by governmental agencies.

We are still far from seeing visible and realistic manifestations of this optimum model. The "Child Abuse Amendments of 1984", from the perspective of law enforcement officials and the law enforcement community represents a stated effort to begin to build such community-wide models. For this reason and others, NSA supports this bill.

SEXUAL VICTIMIZATION OF CHILDREN PROGRAM FOR POLICE

- I. Missing Children
  - A. Runaways
    - 1. From Sexual abuse
    - 2. To sexual exploitation
    - 3. Thrown away/lured away
  - B. Parental Abduction
    - 1. Incest
    - 2. Deception
  - C. Abduction
    - 1. Psychotic
    - 2. Profit
    - 3. Ransom
    - 4. Sexual
      - (a) Keep
      - (b) Return
      - (c) Discard
      - (d) Kill
    - 5. Child Killer
      - (a) Organized
      - (b) Disorganized
- II. Sexually Abused Children
  - A. Incest
    - 1. Continued Access
    - 2. Betrayal of Trust
    - 3. Psychological Impact
      - (a) Females
      - (b) Males
  - B. Child Molestation
    - 1. Pedophile/Non-Pedophile
    - 2. Acquaintance/Stranger
    - 3. Adolescent Offender
  - C. Child Rape
    - 1. Violence prior to, during or after sexual acts
    - 2. Types
      - (a) Sadism
      - (b) Inadvertant
      - (c) Avoid Detection
      - (d) Indiscriminant
- III. Sexually Exploited Children
  - A. Prostitution
    - 1. Runaways
    - 2. Sex and Age
    - 3. Limited Life Span
  - B. Pornography
    - 1. Commercial/Non-Commercial
    - 2. Effect on Victim
    - 3. Uses
      - (a) Sexual Gratification
      - (b) Lower Inhibition
      - (c) Blackmail
      - (d) Medium of Exchange
  - C. Sex Rings
    - 1. Ongoing access
    - 2. Offender-Victim Bond
    - 3. Types
      - (a) Solo
      - (b) Transition
      - (c) Syndicated

(Prepared by Kenneth V. Lanning, Behavioral Science Unit, FBI Academy)

Mr. **Sikorski**. Thank you—splendid testimony all day today.

I have some questions but we will go to Mr.——

Mr. **Miron**. May I suggest, Mr. Sikorski, I have got about 5 minutes. I have got a 2 o'clock plane to go to.

Mr. **Sikorski**. Let me just say, that I have heard an estimate of one in four. We had a hearing last fall in St. Paul, MN on Children, Youth, and Families issues in the Midwest, and one of the individuals who testified, the executive director of the Duluth, MN, Program for Aid to Victims of Sexual Assault, told us that in over 500 elementary schools, including 12,000 children in the three-county area around Duluth, MN, learned that the national estimate of one in four girls being the victim of sexual abuse before 18 years of age appears to be accurate.

Mr. **Miron**. It is that phrase "appears to be" accurate that is always couched in that——

Mr. **Sikorski**. It underscores your point.

Mr. **Miron** [continuing.] That we just do really need this kind of data, if for no other reason than to preserve this notion that not every family, and not every woman, and not every man, is an abuser, or a potential abuser. And that children can grow up in a world saying, OK, yes, there is a certain element of the population that are pediophilia—we should do away with them through investigation, incarceration, and long-term sentences.

But what percentage of men, and to a certain extent, women, if there are such women involved in excessive abuse of children, sexual abuse——

Mr. **Sikorski**. In Minnesota, in the Scott County metropolitan area, just last year, 50-some men and women are currently under——

Mr. **Miron**. Yes, I saw that. In Jordan?

Mr. **Sikorski**. Yes. Let me ask you another question. Do sheriffs and their staff face danger when they try to respond and intervene in domestic violence complaints?

Mr. **Miron**. Up until last month, the conventional wisdom in law enforcement was that the dangerous call upon which an officer, whether a municipal or police officer, or sheriff, deputy, responds to is a dispute and family violence. Again, there is very little data.

And last month, there was a report that analyzed the percentage of homicides or killings of police officers for the last 4 or 5 years, and what percentage of those deaths were associated with a family dispute. The percentage is minuscule, 2, 3 percent, in a given year. It sort of destroys the conventional wisdom that it is the most dangerous.

And there might be injuries.

Mr. **Sikorski**. Right.

Mr. **Miron**. But, again, we don't know the extent of the number of injuries. Most officers are killed in the line of duty by actions they initiate themselves, not actions that are in response to a call.

Mr. **Sikorski**. Let me finally ask you: The shelter issue is an important one because even if you arrest—and we know there has been reluctance historically, culturally, to arrest—but even if you arrest, usually the charge is a misdemeanor level or equivalent, and the person has the right to be out on their own recognizance or with minor bond.

It seems to me that you need some protection. We, in Minnesota, have both the order for protection that allows the abused to go into court and secure the home. But also, you need a shelter component, too; is that your opinion, as well?

Mr. MIRON. Yes, I would extend it a little bit further. One of the most difficult human problems that deputies and police officers face is shepherding the wife and children out of a familiar environment called their home, and putting them in the shelter.

And someone suggested why not turn it around? Why not have shelters for the abusers, so the parent, the mother, the child, doesn't have to leave a familiar environment? Why not put that guy into some kind of halfway house?

And though there are some constitutional issues, I don't think that they are intractable constitutional issues of having the courts, through some kind of report by the police, even overnight, say, this person can be put into some kind of pretrial detention for this particular action of being an abuser. And as a condition of not being prosecuted—and prosecutors have this discretion—that person, as part of his work in that sort of halfway house, will go to work, turn his paycheck over to his family, go through counseling; if there is alcohol- and drug-related activities associated with it, get that done; and ultimately, maybe in a few months, even bring the rest of the family in for family therapy.

I find that a much more attractive intervention than uprooting mother and children from the only safe, familiar environment that they may have; the children in grammar school, the children in junior high, having to be moved out—the stigma associated with that.

I think there is much that can be done to think of this aspect of the use of shelters, not just for the abused, but if you want to call them shelters, or halfway houses, or pretrial detention facilities—I know there are some legal problems, but they are not insurmountable constitutionally.

Mr. SIKORSKI. I don't think they are any more insurmountable than the order for protection——

Mr. MIRON. Precisely.

Mr. SIKORSKI [continuing.] That has been used to a great savings.

Mr. MIRON. Yes.

Mr. SIKORSKI. I think that is very helpful, and I thank you.

Mr. MIRON. You are quite welcome. I am sorry I can't stay longer.

Mr. SIKORSKI. We thank you.

We go now to Dan Williams who is the cleanup batter today.

Mr. DAN WILLIAMS. That is right.

Mr. SIKORSKI. Mr. Williams is the executive director of Catholic Charities, and director of family and community services for Catholic Social Services in Mobile, AL, speaking on behalf of the National Conference of Catholic Charities, the largest network of nonprofit agencies serving children and families in the United States, and along with the United Way one of those groups that has done a tremendous service to the communities in our country.

We will put your statement in the record as it is, or as you would like it amended, and add to it whatever comments you want to make at this point, having survived everyone else's testimony. How is that?

STATEMENT OF DAN ALLEN WILLIAMS, DIRECTOR, FAMILY AND COMMUNITY SERVICES, CATHOLIC SOCIAL SERVICES OF THE ARCHDIOCESES OF MOBILE, AL, ON BEHALF OF THE NATIONAL CONFERENCE OF CATHOLIC CHARITIES

Mr. **Dan Williams**. That is very good, very good. I will just try to hit some of the highlights again, as the gentleman before me did.

Thank you, Mr. Chairman.

I did want, in my statement as it indicates there, to say that I am a family man, I am not just coming here as a professional to speak, but also as a family person. My wife is a public school teacher and I have two daughters.

My purpose, of course, in being here is to briefly share with you what we are trying to do in Mobile and as it says there, also to encourage this committee and Congress to continue its work.

My work as a volunteer and as a professional has exposed me to the reality of child, spouse, and elderly abuse. It certainly isn't a pleasant subject but I am glad we are getting together and talking about it. It is very complex and this dramatic increase that we are having in reporting over the past several years is indeed frightening. We do feel overwhelmed in Mobile, AL.

Catholic Social Services in our community and around the country, by virtue of its other services, including direct assistance, family counsel, we are actively involved in identifying families who are experiencing abuse, and offering what limited resources we have to help.

We are well aware of the research that has gone on, some of it has been mentioned here today, and I think it is well to take note of the fact that alcoholism seems to play a major role in what is happening here, along with substance abuse, of course.

We have also discussed today the hypersexual and violent entertainment industry. It gives the impression that this is commonplace and sometimes justified all in the name of entertainment.

We are well aware that our prisons in Alabama—I believe one of the Congressmen said today, 70 percent nationally; our figures in Alabama run something like 90 percent—were themselves in fact abused or seriously neglected as children. This is very disturbing to me.

So all of these social problems do seem somehow to link together that create the conditions that are conducive to the kinds of abuse in families that we are talking about.

I think it is important to mention today the role that unemployment is playing in that. Our State has one of the highest unemployment rates. Mobile itself is running at a rate right now of 12 percent; it has been as high as 15 percent this year—it seems to fluctuate back and forth.

We have a lot of people that are underemployed, and people that have been out of work due to industries that have shut down, have taken jobs paying much less than they can adequately support their family.

Other conditions in Alabama that contribute to the instability of family life have to do with things like the fact that one-fifth of the children in our State get no medical care whatsoever. This shows gross neglect on someone's part—I think it is equally shared with all of us, it is not just a Government problem. These children are children of the working poor. They are not poor enough to be on medicaid and their families don't earn enough money to provide medical care for them.

I guess we could say that family life is deteriorating, as indicated by all this, and all of the things that have been said today. I personally believe that family life will survive, it is struggling, it is going through change. We certainly know the family is different today in its makeup; in consideration of the fact that the fastest growing family unit is the single-parent family, which is a major change in our social makeup. But we are moving in the direction of some kind of upheaval if Government does not become more sensitive, I think, to the problems that families are experiencing.

I do believe that our Government has a workable and credible policy for national defense against foreign aggression, and I am very appreciative of that. But it certainly is in contrast to the meager and piecemeal, and perhaps in some areas, nonexistent national policies for families and children. That also disturbs me.

Our experience with violence in families at the Catholic Social Services in Mobile is shared widely by Catholic charities and agencies around the United States. The National Conference of Catholic Charities conducts an annual survey of the program services of its affiliates.

In the period from 1979 through 1982, 50 percent, or fewer, of our member agencies, responded to queries on services to abused children and abused adults, with fewer than one-half of our agencies reporting, the number of abused children served grew from 13,803 in 1979 to 25,865 in 1982—an increase of nearly 84 percent.

In the same 4-year period, the number of abused adults served grew from 9,349 to 18,884—an increase of 102 percent. This also disturbs us.

In Mobile, frankly, our energies are just not utilized in addressing these kinds of national and State issues. We are really much too busy dealing with real mothers, fathers, and children caught up in family violence. It is an enormous task, it requires a lot of skill, sometimes that we don't have; we use a lot of guesswork, we make do with our limited resources.

Let me give you an example of what is going on in the State agency in Alabama. We are certainly as affected by Government decisions. Our local county agency, which is a State welfare agency in Mobile, had 171 new cases of child abuse and neglect reported in May of this year, bringing the current overall caseload to a total of over 700 cases. These cases are assigned to 13 protective service workers; 81 of those reports for May have not been investigated to date, and at the same time, all of the new reports are coming in for the month of June.

The social workers providing these mandated services are assigned to their jobs without required specialized training and once they are assigned, they receive little training other than on-the-job experience and mounting frustration.

These factors, combined with the enormous amounts of paperwork, both State and Federal, leads to burnout. Most of these workers do not last more than about 2 years in our State. And I believe that is about the same nationally.

Well, as a Catholic Family Service agency, we feel that puts our agency under tremendous stress to provide services, sometimes beyond our scope and ability. We are required to report child abuse and neglect, knowing full well that any significant treatment response is dependent on our willingness and capacity to remain involved.

There is no coordinated community response for child abuse in Mobile, and perhaps that is our own fault and we are trying to do something about that. But out of that frustration, and it is sincere, we are engaged in an open debate right now—in fact, it has received a lot of publicity in our State—about whether more of these abusers need to be prosecuted. The objective is mandated treatment, that if you threaten prosecution, perhaps the court then can mandate in courts some kind of treatment process for abusers.

While this movement toward prosecution is well meaning, it is simplistic and it is understanding of the problem and the social dynamics involved. All of this, this increased frustration about reporting and having an effective response, ironically is the result of a successful campaign to make the public more aware of child abuse. But at the same time, we don't have the resources to adequately respond.

Spouse abuse is another well-publicized problem at the moment. Our local shelter for women, Penelope House—which I am on the board of directors, and have been the president of that board—became a community project about 5 years ago. And let me say this, even though the two gentlemen with law enforcement agencies are not here, that if it had not been for the city of Mobile Police Department and the Mobile County Sheriff's Department, we could not have gotten off the ground. I mean, they really stood with us and helped us work through all the problems for setting up a shelter and make it acceptable to the public, and to make sure that we got referrals through them for it; and they have served on our board of directors from the beginning.

It became that kind of a community project, though, but primarily and financially, with overwhelming response from women's groups, women's Sunday school classes. And today, we are still very dependent on those kinds of contributions, although now we are a United Way Agency and we do get some State funds. We did tack $5 onto the State's marriage license fee that now is distributed among the five shelters in the State.

In 1983, this shelter temporarily housed 169 adults and 203 children, plus handled telephone calls from another 973 potential clients. Sometimes we just wonder how many of them are there out there.

We take real pride in what we have done locally, but we realize we are not making really a comprehensive approach there either. The services for the abuser are very poor, and this jeopardizes any kind of long-term program effectiveness. So what happens there is that, in part, because of my association with Penelope House, we do a lot of the counseling for the families that have been clients of this shelter.

We are also more frequently now involved in treatment of abuse of the elderly which seems to us, from the cases we have had, to be more exploitive in nature, although the State agency does report an increase in elderly abuse as well.

It could easily be said that we are doing our share at Catholic Social Services. We certainly do a lot with very little money and very little staff. Even so, we know we are going to have to do more. And we want to become part of a comprehensive community to address family violence and all these related social problems. I don't think you can just deal with one of them; I think they all have to be dealt with.

We are accustomed to being in the situation of filling in the gaps for services not being taken care of by other agencies. Traditionally, Catholic Social Services and the Catholic charities agencies have been there. So we are certainly not going to run out on this service need. We are going to be right in the middle of it and try to fill in the gaps for things not being done.

At the same time, we can't make up the difference for responsible Government action when it is needed and when it is appropriate. Children and families are being neglected by all levels of Government and volunteers and private agencies cannot replace Government in its role for promoting the common and general welfare of all of its citizens, including children who cannot vote.

We are not asking government—in Mobile—we are not asking for government to meet all the needs and to pay all the bills. All we want is cooperative leadership. That is our objective.

We will do our share, and we accept the challenge. We ask government to do its share. Specifically, we want Federal and State policies that indicate a sensitivity to the plight of families and provide guidelines and funding support for innovative approaches. We don't want the Government necessarily telling us what we have got to do in our shelter, for instance. But we certainly want, on occasions, for government to fund innovative approaches because I am sure that there are many things that have not been tried yet, and we don't want to become so standardized that we lose that kind of innovative impetus.

This Government, this democratic process, must show that it cares about children and their families, or it may be laying the groundwork for its own demise. Today's children, many of whom are suffering, are tomorrow's adults, many of whom will be disturbed, antisocial, and violently aggressive.

I want to thank this select committee for highlighting this problem, and the House of Representatives for passing H.R. 1904.

This is, in my opinion, piecemeal legislation, but it does take a step in the direction of a national family policy that protects children and provides them with an opportunity for healthy growth and a future. We only hope that the Senate will be given the opportunity to act on its version very soon.

If it were not for the efforts being made by Congress for this kind of legislation, those of us down at the local level in the provinces like Mobile, AL, we would really be overwhelmed, to the point, probably, of immobilization. Instead, we are ready to face the problem, and face the battle and turn the tide.

This is a very personal commitment for all of us. If the national statistics are correct and, of course, there are many different sources of those, then at least 2 out of every 10 persons that are now, or were in this room, experienced child abuse themselves in their childhood.

In addition to that, half of you on this committee, and other persons in this room, have firsthand knowledge or have experienced spouse abuse yourself. That also is a frightening thing.

So I think we have to stand together, we have to act responsibly, we have to act collectively and individually.

I want to say in closing, "Let there be peace on Earth, and let it begin with me."

Thank you.

[Prepared statement of Dan Allen Williams follows:]

PREPARED STATEMENT OF DAN ALLEN WILLIAMS, DIRECTOR OF FAMILY AND COMMUNITY SERVICES, CATHOLIC SOCIAL SERVICES OF THE ARCHDIOCESES OF MOBILE, AL

Chairman Miller and members of the committee, I am Dan Allen Williams, the Director of Family and Community Services for Catholic Social Services of the Archdioceses of Mobile, Alabama. I am also an active member of the National Conference of Catholic Charities, which is perhaps the largest network of non-profit agencies serving children and families in the United States today. My testimony, today, is presented on behalf of the National Conference of Catholic Charities.

I am a family man. My wife is a public school teacher, and I have two children. In my career as a social worker, I have worked with families receiving "welfare", served as a child protective worker and supervisor, worked in a residential program for children who had experienced abuse and neglect, and am now director of a family service agency that provides treatment services for families and individuals experiencing abuse. I am a member and immediate past president of the Board of Directors for the local shelter for abused women and their children, known as Penelope House.

My purpose for being here today is to briefly share with you what we are experiencing in family violence in Mobile, and what we are trying to do about it, with the additional obvious purpose of encouraging you to maintain your support for federal legislation to assist us in our endeavors. I also want to give you, briefly, a broader picture of what Catholic Charities is doing nationally.

My work and volunteer activities have exposed me to the reality of child, spouse and elderly abuse. It is not a pleasant subject, nor is it a simple one. Its complexities and the dramatic increase in reporting during the past several years are frightening. It is almost an overwhelming epidemic.

We are struggling to understand and make appropriate responses in our community. Catholic Social Services in our community and around the country, by virtue of its other services, including direct assistance and family counseling, is actively involved in the identification of families experiencing abuse, and offering our limited resources to help.

We are aware of the research of recent years that attempt to give some insight and understanding of the social dynamics that result in family violence and child neglect. Everything tends to indicate that child abuse and neglect as well as abuse of the elderly and spouse abuse, are symptoms of a much greater combination of social problems. Alcoholism, or substance abuse, is a major factor in many instances of family violence. A hypersexual and violent entertainment industry gives the impression that sexual and physical abuse and general mistreatment of people, is a common and sometimes justified activity. We are also aware that prisons and jails, including those in Alabama, are populated by large numbers of individuals who experienced severe child abuse and neglect in their youth.

We know that multiple social problems are linked together and create conditions conducive to the abuse of children, women and the elderly. As unemployment has been high around the nation, unemployment in Mobile has fluctuated between 12 and 15 percent for the past year, and has been in that range for several years. The jobs that have been available are for those who are willing to be underemployed, at a great sacrifice to their families. Welfare programs are the major source of family income in several Alabama counties, even though welfare benefits in Alabama are among the lowest in the U.S. The economic and political system in Alabama and the U.S. is failing a large number of individuals, depriving them of the dignity of work and adequate income for providing their families with basic needs.

It is roughly estimated that ⅕ of the children in Alabama receive no medical care whatsoever, unless there is major trauma and inescapable involvement of a medical provider. These are children of the working poor, who earn too much for medicaid, and too little for purchasing medical services.

It can easily be concluded that family life is deteriorating, as indicated by this information and the increase in abuse reports. I personally believe family life will survive, as historical reference bears this out. However, cultures and political systems that have neglected the quality of family life, and that have failed to protect children, have been and are vulnerable to major social upheaval. I believe we are currently moving in the direction of such an upheaval unless there is immediate, decisive and responsible action taken by all levels of government to protect children and enhance family life. Our government has a workable and credible policy for national defense against foreign aggression, in contrast to a meager, piecemeal and perhaps in some areas, non-existent, national policies for children and families.

Our experience with violence in families at Catholic Social Services of Mobile is shared widely by other Catholic Charities agencies around the United States. The National Conference of Catholic Charities conducts an annual survey of the program services of its affiliates. In the period from 1979 through 1982, 50 percent or fewer of our member agencies responded to queries on services to abused children and abused adults. We are confident that a good number of additional agencies provide services in these areas, but either did not report it, or reported it under other categories of service in our survey

Nonetheless, with fewer than one-half of our agencies reporting, the number of abused children served grew from 13,803 in 1979 to 25,865 in 1982—an increase of nearly 84 percent.

In the same four year period the number of abused adults served grew from 9,349 to 18,884—and increase of 102 percent.

In almost all cases our agencies efforts were undertaken with inadequate resources, inadequate prevention services or services to abusers, and with a realization from intake workers, community reports, and surveys, of a unmet need out in the community.

In Mobile our energies are not utilized for addressing national and state issues. We are much too busy dealing with real mothers, fathers and children caught up in the realities of family violence. It is an enormous task, requiring skills, guesswork, and making do with extremely limited resources.

For example, the Mobile County Department of Pensions and Security, the state welfare agency in Mobile, had 171 new cases of child abuse and neglect reported in May of this year, bringing their current overall caseload to a total of over 700 cases. These cases are assigned among only 13 protective service workers. Eighty-one of these new reports for May have not been investigated to date, with an equal number of new reports coming in for the month of June. Emergency shelter care in Mobile County for abused and neglected children allows for admission of up to 10 children in a county of nearly 40,000 people. Tragically, children in need of this service are being turned away. The social workers providing the state mandated services are assigned to their jobs without required specialized training and once assigned, receive little training other than their on-the-job experience and mounting frustration. These factors, combined with enormous amounts of state and federally required paperwork, leads to burnout, with most state protective service workers in Alabama lasting on the job less than two years.

This places tremendous pressure on a private agency such as ours. We are required to report child abuse and neglect, fully knowing that any significant treatment response is dependent on our willingness and capacity to remain involved. There is no coordinated community response for child abuse in Mobile, and out of this frustration and with sincere interest in protection for children, our community is currently engaged in an open and well publicized debate over the possible need to consider prosecution of all persons reported as child abusers, particularly for physical and sexual abuse. Our objective is mandated treatment for abusers, but we have an official system that is weak and beleaguered. The movement toward prosecution is well-meaning, although simplistic in its understanding of the problem and the social-emotional dynamics involved. All of this, the increased reporting and frustration about responding effectively, ironically is the successful result of making the public more aware of child abuse but, unfortunately, not providing the resources to do anything about it. Preventive services, except for some parent training offered by the Mobile County Juvenile Court, and Parents' Anonymous, are for the most part, nonexistent.

Spouse abuse is another recently well publicized problem. Our local shelter for abused women and their children, Penelope House, was the first shelter in Alabama although only in its fifth year of operation. The local chapter of The Daughters of Penelope, a national women's service organization of the Greek Orthodox Church, founded this program in 1979. It soon became a community project, finding its base of support in women's organizations, clubs and Sunday school groups. Spouse abuse is apparently a widespread but until recently well kept secret that once publicized in our community, found quick support for treatment services. Our shelter is primarily funded by private contributors with some supplemental state funding and United Way contributions. The shelter is still struggling to survive financially, because residential care, even short term, is expensive. But the need is there and growing. In 1983, the shelter temporarily housed 169 adults and 203 children, plus handled telephone calls from another 973 potential clients. We take pride in the strong local response to the problem, but realize we are limited in making a comprehensive response. Services for the abuser are very poor, jeopardizing long term program effectiveness. The shelter itself was adequate when first acquired, and has now become overcrowded and does not fully meet standards for fire safety security. Fortunately, we have had the support and active involvement of our local police agencies in developing our shelter and keeping it operating. Law enforcement personnel share our concerns about the epidemic of family violence.

At Catholic Social Services, we counsel many of the families who have been clients of the spouse abuse shelter. We occasionally are involved in treating abuse of the elderly which seem to be more exploitive in nature, although physical and emotional abuse of the dependent elderly is very real in Mobile, as indicated by the enormous increase in reports to the state agency.

It could be said that Catholic Social Services of Mobile is doing its share. We certainly do a lot with very little money or staff. Even so, we know we will have to do more. We want to be a part of a comprehensive community effort to address family violence and all these related social problems. We are accustomed to providing services to try to fill the gaps for needs not being addressed by government and other social agencies. In Mobile, it is our affiliate agency that feeds many food stamp families that final week of the month, in cooperation with several churches of other denominations. We have long since accepted this role in the human service arena.

Even so, we cannot make up the difference for responsible government action when needed and appropriate. Children and families are being neglected by all levels of government, and volunteers and private agencies cannot replace government in its role for promoting the common and general welfare of all its citizens, particular for children who cannot vote. We are not asking the government to meet all the needs, or pay all the bills. Cooperative participation in leadership is the objective.

We will do our share. We accept the challenge. We want government to do its share. Specifically, we want federal and state policies that indicate a sensitivity to the plight of families and provide guidelines and funding support for innovative approaches for helping and treating families. We want government funded research into the etiologies of family violence, particularly the abuse of children, women and the elderly.

This government, this democratic process, must show that it cares, about children and their families, or it may be laying the groundwork for its own demise. Today's children, many of whom are suffering, are tomorrow's adults, many of whom will be disturbed, antisocial and violently aggressive.

I want to thank you for the work of this Select Committee for highlighting these problems, and the House of Representatives for passing H.R. 1904. It is piecemeal legislation, but it takes a step in the direction of a national family policy that protects children and provides them with opportunities for healthy growth and a productive future. We only hope the senate will be given the opportunity to act on its version very soon.

If it were not for the efforts being made in Congress for legislation of this nature, those of us at the local level working with family violence would be overwhelmed to the point of immobilization. Instead, we are ready to face the necessary battle and turn the tide.

This is a very personal commitment for all of us. If the national statistics are correct, then at least two of every ten persons in this room including those of you on this committee, experienced child abuse or neglect during childhood, and half of you have personally experienced or have first hand knowledge of spouse abuse in your families.

We must act responsibly, collectively and individually.

"Let there be peace on earth, and let it begin with me."

Mr. SIKORSKI. Thank you for your inspring and helpful testimony.

It is clear that traditional, religious affiliated nonprofit organizations assisting in social services need to get involved in some of the more nontraditional means of providing services. And I know in Minnesota, in the communities I am familiar with, there has been no reluctance; in many cases, they have spearheaded the charge.

And I take it from your testimony that has been your experience and the Catholic Charities' experience across the country, is that right?

Mr. DAN WILLIAMS. Yes, this is correct. I think you will find that true throughout the United States. Catholic charities agencies are usually right in the middle of this kind of local community planning.

Mr. SIKORSKI. I think that is important because the police and other groups look to those traditional entities for some direction, and those Catholic charities and others give a kind of protection, the old guard-all shield; they give a kind of endorsement to the attempts of community groups to move in the shelters and other kinds of services that haven't been provided in the past.

Mr. DAN WILLIAMS. I would agree with that. I think that the Catholic charities agencies are credible agencies throughout the country. They are already recognized, their reputation is established. Let me add to that, that our agencies—we don't necessarily fill the need that once we are involved in establishing a program that we have to hold onto it, it has to stay under our administration.

We see it as being a process where we can be a part of establishing it sometimes under our auspices; but at some point we can let it go and let it become a full community program and separate entity from a Catholic charities agency.

Mr. SIKORSKI. Good.

Mr. Williams, your testimony, while last, was not least, certainly, and quite helpful. I thank you.

Mr. DAN WILLIAMS. Thank you.

Mr. SIKORSKI. With that, we will end.

[Whereupon, at 12:55 p.m., the select committee adjourned.]

[Material submitted for inclusion in the record follows:]

PREPARED STATEMENT OF HON. PAULA HAWKINS, A U.S. SENATOR FROM THE STATE OF FLORIDA

Chairman Miller, Representative Marriott, I am pleased to have an opportunity to present testimony before the House Select Committee on Children, Youth and Families.

Recently, a great deal of attention has been focused on the sexual abuse of children. It is unfortunate that it has taken the tragedies such as the Manhattan Beach Daycare Center Case and other notorious cases of abused children to increase the public's awareness of this problem and prompt congressional action. This subject has been shrouded in secrecy for too long. The only person who benefits from keeping the discussion of this subject a taboo, is the abuser. Admittedly, this is a difficult subject to talk about, the crime is so heinous that we prefer to pretend that it doesn't exist, that it happens in someone else's family, in other communities, that it can never touch and affect us.

But it does affect us. With national estimates projecting that between 100,000 to 500,000 children will be molested this year, that one out of eight children will be sexually abused before age 18, the tragedy of sexual child abuse has become all too real for thousands of families. Even if your children are fortunate enough not to be molested, the abuse of other children and the growing epidemic of family violence affects us all because abused children have a frighteningly high tendency to become child molesters themselves, or drift into prostitution, alcoholism and drug abuse. Clearly, these tragic incidences scar the children throughout their lives.

I feel that this problem of sexual abuse of children is intertwined with the larger issue of family violence. Just as incest and sexual abuse of children is regarded as a family secret best resolved within that family, so have spouse abuse and abuse and neglect of the elderly been dismissed as a family problem. These are not family secrets, mere domestic disputes or harmless family fights. Domestic violence is a tragedy which kills and destroys the very fabric upon which society is based. I realize that this is not uncontroversial, there have been charges that there is too much federal intervention into the family, that this intervention does more harm than good. However, in these situations of family violence, I think it would be wrong for the federal government not to get involved. We cannot ignore our responsibility in this area. It isn't just the victims who are crying out for help. It's the abusers as well.

I have joined with Senator Stevens in cosponsoring S. 2430, the Domestic Violence Act because I feel that the federal government has a responsibility to provide federal financial assistance not only to shelters that provide temporary protection for the victims of family violence, but federal support for alcoholism, drug abuse and mental health services designed to help the abuser control the factors which may contribute to the outbreaks of violence.

I also think that the federal government must address the need for judicial and administrative reforms to protect the legal rights of victims of abuse and family violence. State legislatures need to develop, consider and enact administrative and judicial reforms that recognize the special needs of victims of family violence.

In the last decade, a few States have enacted reforms in response to the outrage over how rape victims are treated in the courts. But many more reforms are needed, in all the States, and these reforms are equally applicable to victims of family violence. For example, in your State of California, Mr. Chairman, the State legislature has directed the Law Enforcement Agency to develop a specialized training program for officers involved in the investigation of sexual child abuse cases. This is an excellent provision. But I would like to see it expanded to include specialized training for all officers responding to incidences of domestic violence. Law enforcement officers need to recognize and know how to deal with the special problems inherent in charging a family member with a violent act. States also need to consider other legislative and administrative reforms such as civil protection orders. The judges should be given the discretion to order the alleged abuser out of the home instead of forcing the victims to flee to a shelter.

Mr. Chairman, I believe that we can no longer ignore our responsibility to the victims of family violence. Their tragedy is our tragedy. I hope that this hearing, coupled with the numerous hearings held by the Attorney General's Task Force on Family Violence will prompt Congress into action.

PREPARED STATEMENT OF NORMAN DARWICK, EXECUTIVE DIRECTOR, INTERNATIONAL ASSOCIATION OF CHIEFS OF POLICE

The International Association of Chiefs of Police would like to thank the Select Committee on Children, Youth and Families for providing us the opportunity to express our views on the problem of family violence.

The IACP is a voluntary professional organization established in 1893. It is comprised of chiefs of police and other law enforcement personnel from all sections of the United States and more than sixty nations. Command personnel within the United States constitute over seventy percent of the more than 14,400 members. Throughout its existence, the IACP has striven to achieve proper, conscientious and resolute law enforcement. In all of its activities, the Association has been constantly devoted to the steady advancement of the nation's best welfare and well-being.

Our membership is particularly concerned with the matters before this Committee because of the frequency with which the law enforcement community is called upon to intervene in family emergencies.

Violence within the family is a complex and perplexing problem about which there is still much to learn and understand. A great deal of progress has been made in this area in recent years. At one time spousal abuse, particularly wife beating, was considered acceptable behavior by most cultures. Today, society is beginning to realize that spousal abuse is a crime.

Typically, police recruits received a limited amount of training in handling interpersonal conflicts, from family squabbles to barroom brawls to landlord-tenant arguments. The emphasis was on avoidance of arrest and reconciliation of the parties in all such situations with no distinction made for violent abuse cases. The police, like the general public, tended to consider spousal abuse cases as family matters to be resolved by the parties themselves or by family court. In recent years, however, law enforcement agencies are becoming increasingly aware of the importance of their role in these situations.

In a significant number of violent homes, homicides occur. The abuser may increase his/her violence to the point of murder, or the victim's felt need to protect herself/himself may lead to homicide. In 1975, murder within the family made up approximately one-fourth of all murder offenses, and over one-half of these family killings involved spouse killing spouse. In addition to the parties themselves, others have suffered. According to FBI records, 25 percent of all police officers killed in the line of duty and 40 percent of those injured were responding to a domestic dispute. Clearly, these are more than private family matters.

A recent study released by the National Institute of Justice indicates that victims of household assaults are twice as likely to be assaulted again if the police do not arrest the attacker. Even where courts do not take action, the arrest itself appears to deter violence. The results of this study are strong evidence that police can be effective in reducing domestic violence.

In most states, until recently, police were not permitted to make an arrest in a misdemeanor or minor assault case unless they witnessed the assault. The police had no authority to enforce civil protection orders. New state laws, however, are granting police these powers. Many agencies around the country are adopting revised policies and procedures to inform their officers of the active role they are expected to play.

Police are becoming involved in other ways as well. Officers may be permitted to file for a temporary restraining order in municipal court after making an arrest. In some states, officers may file a criminal complaint on behalf of or in place of a victim. In others, officers must inform victims of legal remedies and social service programs. The Detroit Police Department has developed a Social Conflict Project to monitor and perform follow-up services in domestic violence cases. It has also developed a sophisticated social service referral form. Other departments have also established referral and follow-up systems with victim/witness service agencies, battered women's shelters and social service agencies.

This increased police involvement in domestic violence cases has required new training programs. Agencies are doing the best they can to implement new programs. H.R. 1904, by providing funds for training and technical assistance for law enforcement agencies, will help to ensure the continued existence and success of such programs.

The law enforcement community recognizes the vital role of the various social service agencies involved in this problem, such as shelters and counseling services. One of the main reasons for the reluctance of police to interfere in domestic violence cases has been the refusal of victims to press charges. Officers may be called to the same home time and again, often risking their own safety.

Social services can help to put an end to this cycle of violence and reduce the number of assaults and homicides. Shelters provide a place for victims, who are generally economically dependent women, to turn. Counseling is essential for both the victim and the abuser to help them understand the situation and end it. Financial aid and legal assistance may also be needed.

Adults are not the only victims of family violence. Over 60,000 cases of suspected child abuse and neglect were reported in the United States in 1973, the year in which Congress held hearings on the Child Abuse Prevention and Treatment Act adopted in 1974. This figure is a considerable increase over the 6,000 cases reported in 1967, but is still only the tip of the iceberg of actual abuse and neglect. It has been estimated that 10–100 times as many incidents can be classified as child abuse as defined under the law, but are not reported for a number of reasons, ranging from inability to recognize the difference between accidential injury and abuse to apathy or a desire to remain uninvolved. As many as fifty percent of the children involved in abuse cases reported to the authorities have sustained, or will sustain, some form of permanent physical injury, and almost all will have mental and psychological problems. At least twenty percent of all children identifed as abused will be seriously abused within the next year if allowed to remain in the home, in the absence of treatment for the abuser. In terms of the actual number of incidents of child abuse occurring annually in the United States, only widely-varying estimates are available, and incidents of parental neglect, verbal and psychological abuse may be occurring at epidemic rates. Any disease that killed, maimed and caused as much suffering as does child abuse would bring on a unified effort to identify, inoculate and cure. But child abuse has only recently been studied as wide-spread phenomenon in society.

Not until 1961 did Dr. C. Henry Kempe coin the phrase "Battered Child Syndrome" in an article in the "Journal of the American Medical Association" and not until the mid 1960's did the issue of child abuse begin to lose its image as separate incidents of cruelty by psychotic individuals and begin to be viewed as a national problem of far-reaching dimensions. Well-known professionals began to address the subject to the public with statements such as the following:

"It is a tragic commentary on the mental and moral health of our nation that the most common cause of children's deaths today is physical abuse of children by their own parents."

Additionally, it was finally recognized that for every child fatally abused, many more were permanently maimed or disfigured and many hundreds more damaged emotionally and psychologically. The death rate among physically-abused children is approximately three to four percent, and the rate of permanent injury is approximately twenty to thirty percent unless treatment is initiated quickly.

Despite the strides that have been made in our understanding of family violence, spousal abuse, child abuse and even elder abuse continue to be major concerns. We must continue to study these problems and alternatives for solving them.

Cutbacks in federal funding over the past few years have resulted in severe cuts in family violence assistance programs. We cannot stand by and watch more shelters being closed and more services being eliminated. Families must have somewhere to turn to for help. This bill will help to ensure that they do.

We commend the members of the House for passing H.R. 1904 and hope that the Senate will quickly follow suit.

[News Release]

VERMONT DEPARTMENT OF SOCIAL & REHABILITATION SERVICES,
Waterbury, VT, June 12, 1984.

From: John D. Burchard, Ph.D., Commissioner.

BOLTON VALLEY, June 12.—The dramatic increase in the number of children reported as victims of sexual abuse prompted a meeting of the New England Public Child Welfare Administrators on June 10 and 11, 1984, in Bolton Valley, Vermont.

The meeting confirmed that the problem of the sexual victimization of children is region-wide and includes such startling statistics as:

In 1983, Vermont experienced a 66% increase in the number of confirmed sexual abuse reports.

Massachusetts reports that in 1983, 3,000 children per month were reported as victims of abuse and neglect. One in 10 were reports of sexual abuse. In 1984, over 4,000 children were reported monthly. One in eight were reported as victims of sexual abuse.

Maine sexual abuse cases have increased by 119%.

Connecticut reports a 9% increase in sexual abuse reports.

In New Hampshire there were 594 reports of sexual abuse in 1983. This is an increase of 6% over 1982.

In the last three years, Rhode Island has experienced a 35% increase in reports of sexual abuse of children.

The Public Child Welfare Executives compared each state's legal framework, preventive efforts, and treatment programs for dealing with sexually abused children. It is anticipated that this collaborative effort will help to determine the more effective approaches to the problem. One of the major topics for discussion was the development of adequate resources, while the demand for services to children and families is significantly increasing.

As a result of the Bolton Valley meeting, the states' administrators are forming a New England Association of Child Welfare Commissioners/Directors. John Burchard, Commissioner of the Vermont Department of Social & Rehabilitation Services, was selected as the first Chairperson of this Association. The Association will develop regional plans to address the issues of child abuse/neglect and work to affect positive policies and programs for children and families.

STATE OF MAINE
OFFICE OF THE GOVERNOR
AUGUSTA, MAINE
04333

JOSEPH E BRENNAN
GOVERNOR

June, 1983

Dear Citizen:

I am pleased to recommend *America's Children: Powerless and in Need of Powerful Friends.* It is a compelling statement about the status and unmet needs of our nation's more than 60 million children.

We can all agree that families are and should be the first line of defense for the protection and care of their children. But, we know that in some cases families cannot meet these responsibilities by themselves. Although government cannot begin to fulfill all the varied social and economic needs of children and their families, government does remain the best hope for providing education, food, shelter and health care for those who are out of the economic mainstream.

We must change the fact that children are the easiest people in America to forget. We have got to vote for them, lobby for them and provide the voice many parents now lack on behalf of their children.

I hope this document becomes an important step in that effort.

Sincerely,

Joseph E Brennan

JOSEPH E. BRENNAN
Governor

"Each child represents either a potential addition to the productive capacity and enlightened citizenship of the nation or, if allowed to suffer from neglect, a potential addition to the destructive forces of a community...The interests of the nation are involved in the welfare of this army of children no less than in our great material affairs."

Theodore Roosevelt, 1909

INTRODUCTION

There is a great and precious resource in this country.

But it is often abused, exploited and neglected.

It is always growing, changing and maturing.

But it is frequently underdeveloped, ignored and misunderstood.

It needs constant nurturing, care and protection.

At times, it is so misused that it becomes crippled, a burden to society. And sometimes it does not survive at all.

This resource is America's 62 million children.

America has the power and the wealth to provide for all of its children, to protect them from harm and to prevent much of their suffering. But there are still millions of children who need life's basic necessities. There are children in this country who are sick and who die needlessly. There are millions who are hurt, alone, afraid and in trouble.

America's Children: Powerless and in Need of Powerful Friends provides the nation's governors with the most recent information available about the status of America's children. It presents the plight of millions of children who by virtue of their age, health, financial status or race are especially vulnerable and unusually dependent upon their parents and society.

This document is not a budget impact analysis. It presents data which were collected and assessed prior to calendar year 1981, when several billion federal dollars were eliminated from children's programs nationwide. It recognizes and acknowledges that tremendous gains made in the last thirty years have improved the overall well-being of children in America. But despite these advancements, the grave plight of many American children demands the immediate attention of a compassionate nation and a thorough evaluation of the public and private policies that affect them.

Traditionally, our society expects parents to accept full responsibility for the care and protection of children. But as Americans approach the twenty-first century it has become painfully clear that many parents are not able to provide the protective environment children need to thrive. It may be easy to blame parents for the problems of their children, but simple answers may ignore the social and economic pressures—including unemployment, racial and sexual discrimination and poverty—which daily confront millions of American families. Moreover, our public policies often contribute to these pressures and undercut, rather than support, family self-sufficiency and stability.

American history shows that it is precisely when families, communities and government combine their efforts that the greatest improvements have occurred in the health and well-being of our children. The United States' infant mortality rate, for example, is at an all time low.[c] Immunization programs against infectious disease protect 90 percent of our school-age children from crippling and life-threatening illness.[d] In the past decade, we have passed laws which require reporting of child abuse and neglect. Laws have been adopted to provide for free and equal public education for all handicapped and mentally retarded children. Federal income security programs have lifted millions of children out of poverty, provided nearly universal access to health care and all but eliminated starvation.

Yet, despite the progress and public concern for children, many are still confronted by a multitude of new and old problems.

Nearly twelve million children remain in poverty.[e] Almost nine million live in unsafe housing.[f] As many as five million children fend for themselves for a significant portion of time while their parents work.[g] Nine million have no known source of regular health care.[h] Eighteen million have never seen a dentist.[i]

Two million teenagers over age 15 are school dropouts.[j] Two million young people are unemployed.[k] More than 500,000 children have been removed from the custody of their parents.[l] Nearly one million cases of suspected child abuse and neglect are reported annually.[m] As many as one million children run away from home.[n]

As this report to the nation's governors was being prepared, every state and United States territory was invited to contribute comments on the status of their children. One official, in discussing the impact of the troubled U.S. economy on families in his state, reported that "the situation is getting so bad that many parents are voluntarily turning their children over to our Department because they cannot care for them."[o] Many state officials expressed similar concerns.

Ironically, public policies in strong support of children are being withdrawn just at a time when birth rates are declining and unprecedented numbers of Americans have reached or are approaching retirement age. Today's generation of children will therefore be expected to do more than any previous generation in support of the elderly.

"We must make the most of the small number of children being born today and who will be born over the balance of this century...When these children reach their most productive adult years there are simply going to be very few of them to meet the normal responsibilities of that period of life...which include earning the national living, manning the nation's defenses, staffing its public services and supporting those who are dependent, whether children or the elderly...Investment in children is likely to be more cost-effective over the long run, since the gains will be realized over a whole lifetime..."[p]

Alan Pifer, President Emeritus
Carnegie Corporation of New York

Children have always been politically powerless. They cannot express their needs during the debates in the Congress and in the state capitols which will shape their futures. It falls to adults, powerful adults, to speak in their behalf, to guarantee their fair share, and to protect and enhance their rights in American society. *America's Children: Powerless and in Need of Powerful Friends,* makes a compelling case for elevating children to a higher position on the nation's agenda.

CHILDREN IN POVERTY

The effects of poverty on a child are immeasurable. They begin before birth and can last a lifetime. Babies of poor mothers tend to weigh less and, during the first year of life, have a higher death rate than the non-poor. Malnutrition among children living in poverty can lead to mental retardation. The environment in which poor children live, frequently in conditions of bad sanitation and substandard housing, can lead to crippling disease and accidents. Almost all data support the fact that a child's health, education, future employment, and earnings depend heavily on the economic status of his or her family.[1] *Yet, there are millions of children in this country who are poor and destitute through no fault of their own.*

Children are more likely to be poor than any other age group in America. If poverty trends continue and more people continue to enter poverty throughout the 80's, the poverty rolls will be almost exclusively women and their children by the year 2000.

11.4 million American children live in poverty, nearly one child in five.[2]

Children in this country are 70% more likely than adults to live in poverty.[3]

Younger childen are more likely to be poor: 18.3% of all those under three and 18.1% of all those three to five live in poverty.[4]

Black children are more than three times as likely as white children to be poor.[5]

The economic situation of a child is often a reflection of his or her family's structure and ethnic background. Disproportionately lower incomes are often the result of unequal employment opportunities and wages.[6]

Nearly one in three families headed by women lives in poverty.[7]

75% of all children in single-parent households receive no support from the absent parent.[8]

With the divorce rate nearly 50%, half of all children born today will spend several years in a single-parent household. With little or no support from the absent parent, many children will spend this time in poverty.[9]

The median income for female-headed families ($9,333) is less than half as much as the median income for married-couple families ($21,521) and 41% less than single-parent, male-headed families ($16,988).[10]

Women (usually with custody of their children) experience a loss of 7[illegible]% of their income after divorce while men's incomes improve by 42%.[11]

25% of all American women who work do so in industries or jobs, such as domestic service and factory piece work, which are not covered by the federal minimum wage. These wages alone are inadequate to support their families.[12]

Black children as a group live in families with lower incomes than white families.[13]

Nearly 30% of all Black families are poor, compared to only 8% of all white families.[14]

65% of all Black children living in female-headed families are poor.[15]

Black children in two-parent families are almost three times as likely as white children in two-parent families to live below the poverty line.[16]

Children often are in families with relatively low incomes simply because they are born to young parents who have not yet achieved their full income potential. Income rates are low and poverty rates are high when the family head is young.

Half of all births are to women under 25 years of age.

Married women at 25-29 years of age have already had two-thirds of the births they expect to have.

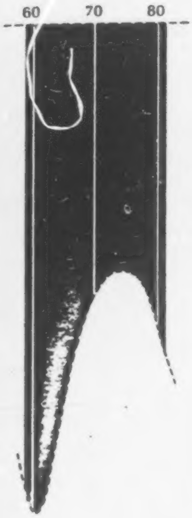
In 1977, 9% of all families were below the poverty level, but 20% of the families with a family head under 25 years of age were below poverty level.[17].

A child's future chances for a good education and job are influenced heavily by the income of the family into which he or she is born.

Among children of equal intelligence, those from families in the top fifth in family income are 5 times more likely to attend college than a bright child from the bottom fifth.

A child born into a family having an income in the top 10% is 27 times more likely to earn a similarly high income as an adult than a child born into a family in the bottom tenth of family income.[18]

In 1981, we reached the highest rate of poverty in this country since 1967, when the war on poverty was just beginning. A statistical view of the poverty trend over the last 21 years shows an increase of poverty in the 80's.



In 1959, over one-fifth of our population, 39.5 million people, lived below the poverty line.

In 1960, 22% of the population lived in poverty.

There was a fairly steady decline in the incidence of poverty during the 1960's, with a reduction to 14.2% of the population living in poverty in 1967. By 1969, the incidence of poverty fell to 12.5% or 24.1 million people.

The seventies showed little change. In 1973, for example, 11.1% of our population lived in poverty.

In 1979, the number of poor people began to climb when 1.6 million more people slipped into poverty.

In 1980, the increase was more dramatic as 3.2 million more people were added to the poverty statistics. Half of these newly poor were children.

In 1981, 14% of the population, totaling 32.2 million people, fell below the poverty level. The majority were children. Factors causing the increase include inflation, high unemployment, changes in family structure and reductions in Federal programs.[19]

In late 1982, homelessness among unemployed Americans was adding thousands of "new poor" families and their children to these statistics.

One estimate projected that the number of homeless people could reach 3 million during 1983.[20]

FAMILY ASSISTANCE

"Americans have a romantic view of the family. Like the notion of rugged individualism, families, too, are expected to be able to take care of themselves without any kind of outside help... The tendency to blame parents if they fail to provide adequately for their children overlooks a range of social and economic pressures—such as unemployment, inflation, and race and sex discrimination—as well as family problems that can provoke temporary crises—such as serious illness. These pressures make it difficult, if not impossible, for many families to survive as families and raise their children in the manner they would like."[21]

A national telephone survey recently conducted by CBS News and the *New York Times* asked people if they thought most of those families receiving public assistance could manage without it.

About five out of every eight people said they thought most of those families receiving welfare could get along without it.[22]

Yet, the same survey overwhelmingly showed Americans favor helping children in need. 81% favored "helping poor people buy food for their children at cheap prices" and "providing financial assistance for children raised in low-income homes."[23]

Out of 3.8 million low-income families who received some form of public assistance in 1981, only 1.4 million received enough to raise their incomes at least to the poverty line.[24]

A number of government programs provide services and financial support to families of poor children. A major program is Aid to Families with Dependent Children (AFDC).

3.8 million families, comprised of 11.1 million individuals, recei AFDC.[25]

Two-thirds of all AFDC recipients are children.

Over one-half of these children are 8 years old or younger.

The typical AFDC family is one mother and one young child.

One in ten children depend on public assistance of some kind (AFDC, Food Stamps, SSI and Social Security).

5 million children receive Social Security income and benefits.[26]

30% of all AFDC mothers are already in the labor force: workin looking for work, or receiving job training.

40% are caring for young children. 10% are disabled and unable work. The remaining 20% are over age 45 and half of them hav never worked.[27]

States are responsible for determining a standard of need for AFDC families and then deciding what percentage of that standard the state will meet. There is a great variability throughout the United States in the amount a family of three will receive.[28]

In 1977, the average monthly payments for an adult and two children ranged from $47.42 in Mississippi to $378.70 in New Y with an average of $337.95 nationwide.

When calculated on a per person basis, the average payment ran from $14.54 a month in Mississippi to $126.23 in New York, wit an average of $112.65 nationwide.[29]

The maximum combined benefits from AFDC and food stamps currently exceed the poverty line in only six states, and then by only a very small amount.[30]

Most AFDC families do not remain on AFDC for long periods of time.

Each year about 30% of AFDC families leave the welfare rolls a are replaced by other children and their families.[31]

The average length of stay on AFDC is 3 years, 4 months.[32]

7.7% of AFDC families have spent ten or more years on welfare. The effects of long-term deprivation on their children can result i physical, psychological and emotional problems brought on by extended periods of need and want.[33]

Many children who live in low-income families do not receive enough assistance to take them out of poverty.

Even-with both parents working, 1.6 million children live in families below the poverty line.

In 1976, 20,000 families with children under 6 had incomes below the poverty line despite the fact that their chief wage earners were in the Armed Forces—employees of the Federal government.[34]

Almost one-third of all mothers entitled to receive child support do not receive payments. Of those that do receive payments, the mean income from child support is only $1,799 annually.[35]

Because of the general affluence of the U.S. in the post-World War II era and because of direct intervention in support of nutrition programs by the Federal government, few children in this country suffer from undernutrition of the kind that cripples and kills large numbers of children in parts of the developing world. It would be incorrect to conclude, however, that the problems of hunger and basic nutritional deficiencies in the United States have been totally solved. Undernutrition still causes poor growth and developmental disorders, especially among poor and minority children.[36] As the ratio of poor children to affluent ones continues to rise in the 80's and as income support programs decline during a period of unemployment and fiscal austerity, the gains made in recent years could disappear. There are children in this country in need of food and nourishment.

The Food Stamp Program is a major source of nutritional assistance to the needy.

10.1 million children, 46% of the total 22 million recipients, depend on the Food Stamp Program as a means by which their families are able to purchase adequate diets.[37]

Food stamp users purchase more nutritious foods per dollar spent on food than eligible but nonparticipating households.[38]

Low-income women and children usually need to participate in other nutrition programs in addition to food stamps to meet their nutritional requirements.

In 1981, four-person families on AFDC received an average of only $1,620 per year for food.

Food allowances in the AFDC program in 49 states fall below the Federal minimum standard recommended for a family of two.[39]

In 1979, about half a million children and their families were being served by the Headstart Program. About 12.7% of Headstart funds are spent on the program's nutrition component.[40]

In 1982, about 1 million children were served in the USDA child care food programs for licensed day care centers and family day care homes.[41]

Pregnant women and children in low-income families, who are at a nutritional risk, are eligible for food through the Supplemental Food Program for Women, Infants, and Children (WIC).

Of the 2.3 million participants in the WIC Program, 1.2 million are children ages 1 through 5.[42]

However, in 1980 fewer than half of those eligible were being served in any state except Vermont.[43]

In 1981, WIC Programs had thousands of eligible persons on the "waiting lists." These people were in need of service but lived in areas served by agencies that had already reached their quota.[44]

In many states, including some with large eligible populations, fewer than 20% of those eligible were being served by the program.[45]

9.1 million persons are determined eligible by income criteria alone, but only 25% are being served.[46]

Increases in the price of infant formulas—at least 10% in 1982—have made it more difficult for families to provide for their infants' nutritional needs.[47]

Because of WIC's limited funding, determining who is to be served is difficult. Certifying physicians, nurses, nutritionists, and other health care professionals often must choose among several hundred women on the waiting list or must decide whether to drop infants who were recently anemic to make room for new participants.

Women enter the program relatively late in their pregnancy.

The average length of participation for pregnant women is only about four months.[48]

Participation of pregnant women in the WIC Program has positive and significant effects on anemia and birth weights of infants.[49]

The largest of the child-feeding programs are those based in schools.

In 1981, 75% of all schools and 90% of all school age children participated in the National School Lunch Program.[50]

However, due to funding cuts in 1982, 30% fewer children and 2,000 fewer schools participated.[51]

The most productive school learning takes place during morning hours. Hunger during this period can seriously impede a child's concentration, curiosity and desire to learn.[52]

Child nutrition programs were cut significantly in the FY 1982 budget. The School Breakfast Program was cut by 20%.[53]

As a result of the cut, some 800 fewer schools now serve breakfast; over 400,000 fewer children now participate in the program. About 70% of the decrease is in free or reduced-priced breakfasts to poor or near-poor children.[54]

SHELTER

Healthy children require shelter from cold, disease and danger. Yet, millions of America's children live in inadequate housing. They live in conditions of bad sanitation, dangerous wiring, hazardous structural defects or in housing lacking warmth. Many children are discriminated against because of their age. They lack simple access to homes for themselves and their families. There are children in this country in need of shelter.

Too many American children live in unsafe and unsanitary housing.[55]

One in eight children in this country lives in substandard housing (approximately 8.7 million children).

One in six large family households lives in substandard housing.

One in five Black and Hispanic households lives in substandard housing.[56]

Children are often discriminated against in gaining access to shelter.

More than one-quarter of all rental units in this country will not accept children.

Nearly one-half place restrictions on the number or ages of children allowed to rent.

Only one-quarter of all rental units will accept children with no restrictions.[57]

APARTMENTS FOR RENT

Comfortable, two bedroom,
unfurnished, full bath.
Yours [illegible] ADULTS ONLY.

Americans have never been afraid of hard work. The work ethic—the desire to be self-supporting and to participate in the economy of the community—is part of our heritage. Traditionally, however, men have been the primary wage earner in the family, leaving women at home to keep the house and tend to the children. Historically, except during time of global war, women who worked outside the home were considered to be assuming roles contrary to the normal social order. But by the seventies millions of women had permanently entered the labor force. In addition, a rise in divorces and increased mobility began to alter the traditional family and to separate the extended family. Child care in the home was no longer readily available for the working family. Out-of-home care was both expensive and hard to find. Because women's earning power continues to be significantly less than men's in the 80's, they often cannot afford adequate child care. This is especially true for women at the lower end of the economic ladder, where one out of three female heads of households lives below the poverty level. These women work because of necessity, not because of choice: they work to support their families. Lacking child care resources, many of their children fend for themselves. There are millions of children in this country who are in need of child care.

There are increasing numbers of children with working mothers.

53% of all children in this country have mothers in the labor for

There has been a four-fold increase in labor force participation of mothers with children under 6—from 12% in 1947 to 47% in 1980.

46% of all children under 6 have mothers who work.[58]

More than 50% of all Black children under age 6 have mothers in the labor force.

By 1990, it is estimated that 60% of all American women will be in the labor force.[59]

Today, most children in one-parent families have mothers who work.

62% of all children in one-parent families have mothers in the labor force.

50% of these children who are under age 6 have mothers who work.[60]

The traditional two-parent family of a male wage-earner and a mother who stays home to care for children has undergone change.

52% of all children in two-parent families have mothers who work.

42% of these children who are under age 6 have mothers who work.[61]

Working mothers come from middle-income families as well as from poor and working-class families.

50% of children under 6 in families with incomes over $25,000 have mothers in the labor force.

More than 80% of all Black children in families with income over $25,000 have mothers who work.[62]

The need for quality child care far exceeds the availability of licensed child care facilities and homes. Licensing is defined as basic requirements for the care and protection of children through the compliance with minimal standards for fire, sanitation and safety.

There are at least 13 million children under 13 who have both parents employed full time.[63]

A recent study revealed that at least 5.2 million of these children spend a significant portion of the time that their parents are at work without adult supervision.

Only 1.6 million children of full time working parents are cared for in the home by a relative or non-relative.

An additional 5.2 million children are estimated to be cared for in licensed and unlicensed family day care homes.[64]

Nationwide data collecting on the number of licensed child care spaces no longer exists. The most recent data available is from 1977. However, informal national surveys indicate there are less available child care spaces today than in 1977.

In 1977, there were 900,000 licensed day care spaces, and 300,000 licensed day care home spaces, which meant only 1,200,000 children could be cared for in licensed day care arrangements.[65]

Surveys also indicate that the need for infant and after school child care has grown most rapidly. And by the 1990's, 50% of all preschool children (11.5 million) and 60% of all school-age children (17.2 million) will have mothers in the labor force. This is 7 million more children than today.[66]

With less than half the income of two-parent families, it is especially difficult for single-parent families and female-headed households to find affordable child care.

Title XX of the Social Security Act provided subsidized child care to 750,000 children in licensed homes and centers throughout the country in FY 1980.

In 1977, 145,000 children's child care payments were subsidized through the AFDC Child Care Disregard. However, purchasing child care is severely limited by the $160 per month cap for one child.

3.8 million families, mostly middle-and-upper-income, claimed a Federal income tax credit for child care in 1981.[67]

People whose incomes are too low to owe any income tax cannot benefit from the child care deductions.[68]

Because of changes in Federal policy nationwide data on subsidized child care is no longer collected.[69]

However, a telephone survey conducted by the Children's Defense Fund revealed a major reduction of Title XX day care throughout the country as a result of federal budget cuts in 1981 and 1982.[70]

"Since the early presidency of Thomas Jefferson, this nation has been committed—as no nation on earth—to the education of our children. We have valued the minds of our young as America's richest resource and we have honored that value by dedicating much of our wealth to the development of those minds."[71] *Lyndon B. Johnson spoke these words just four months before he died. Public education is still the largest single government expenditure for children and youth. Even though humanitarian motives have been a guiding force to the assurance that all children shall have an equal education, Americans view education as an investment in the future of our country. Inadequate education handicaps not only those persons who are undereducated but also burdens society with reduced national income and government revenues as well as increased costs of crime and welfare. Nonetheless, many of America's children go without that assurance. There are still children in this country in need of an education.*

One educational measure that is clearly related to future earnings and success is graduation from high school.

47.2 million children attended public and private schools as of October, 1980.

However, over 300,000 children under age 16 years, who are required by law to attend school, do not.

In addition, two million teenagers over age 15 are school dropouts.[72]

One in six youths between the ages of 18 and 21 is a dropout.

Among Black youths there is one dropout for every two students who graduate; for white youths there is one dropout for every four students who graduate.[73]

Females are more likely to drop out of school than males.[74]

The failure to attain a minimum of high school completion costs the nation billions of dollars in lost productivity and taxes.

A 1969 projection of the estimated lifetime costs of inadequate education among males ages 25-34 was $237 billion including $71 billion in foregone government revenues.

The same survey estimated that welfare expenditures attributable to inadequate education were $3 billion each year.

It further showed that crime related to inadequate education also cost $3 billion annually.[75]

In 1978, 61% of adults in local jails throughout the country had not completed high school; 20% had completed no more than eighth grade.[76]

In 1979, 58% of the population in state correctional facilities had not completed high school.[77]

"The image of investment has extended not only to public education, intended to benefit all children, but also to programs for children with special needs who might otherwise become public charges—delinquents, handicapped children, and those requiring compensatory education or special education."[78]

Over 4 million children are receiving special education services under P.L. 94-142, a law that mandates equal education for handicapped children.

However, there are approximately 300,000 handicapped children throughout the country who are not receiving special education services.[79]

Title I of the Elementary and Secondary School Act, designed to provide remedial and compensatory instruction in reading and math for educationally disadvantaged children living in low-income areas, served approximately 5 million children in 1980-81.

About 78% of these children received services in reading; 46% received services in math.

Studies show that Title I reading students gain 10% to 17% more than similar non-title I students in grades one through three.

In math, students gain from 9% to 74% more than similar non-title I students in grades one through six.

Because of lack of full funding, only 45% of the eligible children were participating in Title I programs in 1981-82.[80]

Public school enrollment declined during the 1970's by ten percent, but public preprimary enrollment increased by twelve percent.[81]

As of the fall of 1980, over one-third of all 3 and 4 year olds were enrolled in school. Additionally, over 95% of all 5 and 6 year olds, over 99% of all 7 and 13 year olds, and over 98% of all 14 and 15 year olds were enrolled in school.[82]

Headstart currently serves over 370,000 children, ages 3 to 5, from low-income families. 90% of the children enrolled in Headstart are from families with income below $8,450 per year. Nearly 11% of all Headstart children are handicapped. 61% are Black or Hispanic; 65% live in urban areas.[83]

AaBbCc
NnOoPp
DdEe
QqRr
FfGgHh
SsTtUu
IiJjKk
VvWw
LlMm
XxYyZz

Public expenditures for education have increased over the last fifty years, although the percent of expenditures compared to the gross national product has declined.

Expenditures for education in 1980 totaled $81 billion, up from $3 billion in 1929. Education expenditures were 3% of the gross national product in 1929, peaked at 8% in 1975, and had declined to less than 7% by 1980.[84]

Disciplinary measures, such as suspension and corporal punishment, affect millions of American school children.

Over 1.3 million white youth, 4.5% of the white enrollment, were suspended from school in 1980.

Over 600,000 Black youth, nearly 10% of the Black enrollment, were suspended during this time.

Black children are more than twice as likely as white children to be suspended from public schools and to be subjected to corporal punishment.[85]

School crime and disruption can be significant problems.

During a typical month in 1980, a secondary school student has about 1 chance in 9 of having something stolen, 1 chance in 80 of being attacked at school, and 1 chance in 200 of being robbed by force. Personal violence is most pronounced in junior high schools.[86]

In 1980, approximately 1 in 20 teachers reported being physically attacked at least once within a 12 month period.

About 30% of teachers reported personal property being stolen or damaged by students within a 12 month period.[87]

Parental education is an important socioeconomic variable influencing the health of children.

The question of whether there are associations between parental education and the health of children is important because there are more children with parents who have not completed 12 years of education than there are children below the poverty level, in one-parent families, or of racial minorities.

In the mid-1970's, 22.5 million children—one-third of the children under 18 years of age—were in families whose heads of household had not completed high school.

About half of these children and youths, 10.9 million, were in families whose heads of household had not gone beyond the 8th grade.

The children of highly educated mothers were more likely to receive medical or dental care than children of mothers with little education, regardless of the family's income or whether the children lived with a mother only.[88]

YOUTH EMPLOYMENT

Employment provides an individual with an opportunity to be self-sufficient, to support his or her family, and to fulfill the need for self-worth that comes through productive work. For many young people, the best human services program is a job. Yet, millions of teenagers are unemployed. There are young people in this country who need work.

Youth unemployment has become a critical problem to the nation. Lack of economic opportunity leads to poverty and dependency.

In November, 1982, there were over 2 million unemployed teenagers.

The unemployment rate for white youths, ages 16-19, was over 21%, that is, 1.5 million youth were unemployed. Black and other nonwhite youths had a 46% unemployment rate: 450,000 were out of work.[89]

The unemployment rate for white male high school graduates is 6.6%; for dropouts, 14.2%.

The unemployment rate in 1979 for Black male high school graduates was 15.1%; for dropouts, 23.5%[90]

In 1979, 68.3% of the total admissions to federally-funded drug abuse treatment programs were unemployed.

In 1978, 43% of the inmates in local jails were not working prior to their arrests.[91]

CHILDHOOD SICKNESS AND DEATH

"It is a biological fact that human infants and children depend upon others to an extent not found in any species... All human societies, ancient and modern, have developed elaborate systems of shared family and community responsibility for the young. In the United States today, our system of shared responsibility has contributed much to ensuring the healthy growth of our children. But despite great achievements, we are still falling short of doing what we believe most Americans want to see done to promote the health of all our children... Improving the health of today's children not only enhances the quality of their lives immediately, it also expands their potential for significant contributions to the nation as adults."[92] *And yet, there are children in this country who are sick and who die needlessly.*

Children must have healthy bodies if they are to grow and to develop normally and if they are to become healthy, productive adults. However, physical health is a problem for many children, and for some the end result is death.

The infant mortality rate in the United States stood at a record low of 11.2 deaths per 1,000 live births in 1982.

But in 1981 the United States occupied the 15th place among the industrialized countries with its 14.1 per mille neonatal death rate (death within the first month of life). For comparison the rate in France is 8.8 per mille and in Norway 9.2 per mille.[93]

In the United States there is significant difference in the ability of a white infant to survive the first year of life than for a Black infant.

Overall, one in 80 infants dies in the first year of life.

In 1979, one in 46 Black infants did not survive the first year.

In Washington, D.C., one in 33 Black infants dies in the first year of life. This rate is higher than in 23 countries within Africa, Asia, Latin America and Eastern Europe.[94]

Although the disparity between Black and white death rates is high, it is apparently economic differences and not genetic or other factors which affect the ability of a child to survive.

A Black child under age 5 is twice as likely to die as a white child.[95]

If Black children died at a rate comparable to white children, 7,200 more Black children would survive annually.[96]

Death certificates contain no information on income or other descriptions of social class. Therefore, until a recent study in Maine, consideration of the relationship between poverty and mortality rates has depended upon data in which poverty is inferred from the area of residence.[97]

An unprecedented and exhaustive examination of records equating children's deaths to poverty (as defined by AFDC, Medicaid, and food stamp participation during 1976-1980) in the state of Maine confirms national estimates that poor children die at a rate which is more than 3 times greater than children who are not poor.[98]

Little is known of the origin or of the preventive methods for a major childhood threat, sudden infant death syndrome (SIDS).

10,000 infants die as a result of SIDS each year.[99]

Other than accidents, homicides, and other trauma, the leading cause of death for older children (5-14) is cancer.

The death rate for cancer is 4.5 per 100,000 child population per year.[100]

The most common childhood cancer was acute lymphatic leukemia, which took the lives of 1,359 children in 1976.[101]

Prenatal care is often associated with helping to assure the physical health of an infant. Early and continuous prenatal care can prevent certain conditions that may later lead to mental disability. However, many of the women and infants considered to be at high risk of medical, emotional and economic problems receive prenatal care late in their pregnancy or do not receive it at all.

25% of all pregnant women receive late, little or no prenatal care.

70% of expectant mothers under age 15 receive no care during the first months of pregnancy, the period most important to fetal development.

25% of the infants of mothers under age 15 are premature, a rate three times that for older mothers.

Twice as many Black women lack prenatal care than white women.[102]

A woman is three times less likely to receive prenatal care in poverty areas.[103]

Inadequate prenatal care results in low-birth weight infants (less than 2,500 grams), which is a major threat to infant survival and is a factor in certain crippling conditions.

One in fourteen infants is a low-birth weight baby.

One in seven infants born to mothers who are under age 15 has low-birth weight.

One in eight Black infants is a low-birth weight baby.[104]

Low-birth weight is more frequent in poverty areas.[105]

"Early infancy and young childhood are critical life stages during which vulnerabilities are great and the possibilities for helpful health care interventions numerous. If a child is helped to mature through this period safely, with preventable health problems avoided, with others identified and managed as early as possible, with effective measures such as immunizations taken to avoid later health problems, and with the nurturing capacities of his or her parents developed and supported, the young person's chances for a healthy childhood and adulthood are increased dramatically." [106] *Nonetheless, many children do not have access to the health care they need.*

Poverty, death and disease have been recognized as associated phenomena since regular censuses of populations were begun almost two centuries ago.[107] As science progressed to control the diseases and social and environmental measures were taken to reduce the disadvantages of poverty, more attention was given to access to medical care.

And yet, approximately 9 million children have no known regular source of health care.[108]

More than 18% of all children from low-income families lack a regular source of care compared with less than 6% of children from families with an annual income of $15,000 or more.[109]

In 1977, over 25.2% of all children under the age of 17 had not seen a doctor in the last year.[110]

Roughly, one in eight poor and minority children has not seen a doctor at all in two years.[111]

Poor children are at double jeopardy: more likely to have medical illnesses and more likely to suffer adverse consequences from them.

Poor children are 75% more likely to be admitted to a hospital in a given year than non-poor and their average length of stay is twice as great.[112]

They have 30% more days that their activity is restricted and 40% more days lost from school due to acute illness.

They are 20 times as likely as non-poor to be unable to attend school because of a chronic condition.[113]

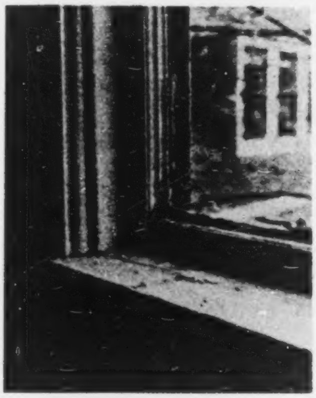
Illness, when it occurs, is more severe among poor children than the non-poor.

Twice as many poor children than non-poor children have marked iron deficiency anemia.[114]

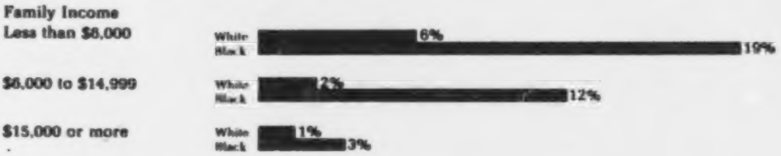
Poor children are three times as likely to have severely impaired functional vision. And they have significantly more hearing disorders.[115]

Poor children are more likely to have markedly elevated lead levels, which can jeopardize the developing central nervous system.

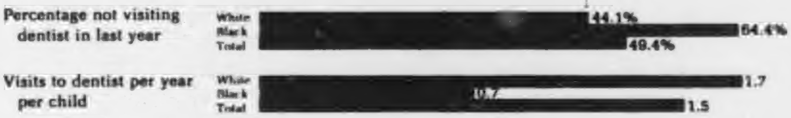
The highest lead levels in blood are found in children living in households with less than $6,000 annual family income and in inner cities of large urban areas of 1 million people or more.[116]



% Of Children With High Blood Lead Levels



In 1977, 49.4% of all children under the age of 17 had not visited a dentist in the last year.[117]

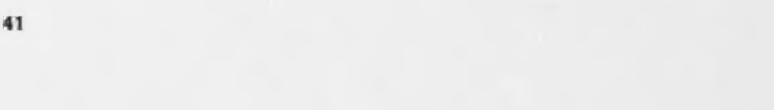


Almost one out of every three children under age 17, or about 18 million children, has never seen a dentist.[118]

Immunization has succeeded in drastically reducing the number of cases of infectious childhood diseases and ridding children of the fear of painful sickness, crippling conditions and death caused by polio, diptheria, measles, mumps, tetanus and pertussis.

More than 90% of all school children are immunized against the major childhood diseases by the time they enter school.[120]

There have been dramatic declines in the number of reported cases of measles.[121]

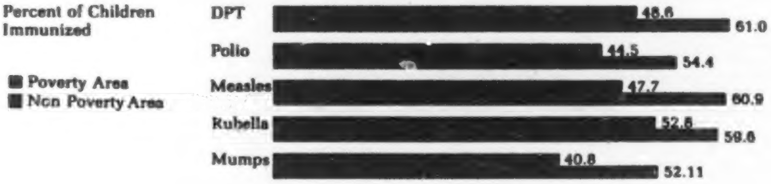


However, appreciable differences exist in immunization levels among preschool children by race and residence.

Black children are 35%less likely to be immunized against DPT and polio than whites.

Black children are 20-25%less likely to receive measles, mumps and rubella vaccinations.[122]

In 1979, children ages 1-4 living in central city poverty areas received fewer vaccinations than other children, even though crowded housing increases the risk of contagion.[123]



Public health clinics and hospital outpatient departments play a prominent role in immunization among children from low-income families.

60% of children under 6 years of age who have been immunized against polio and come from families earning less than $7,000 received the vaccination from a public health or outpatient clinic, compared with just 15% of those in families with income of $25,000 or more.[124]

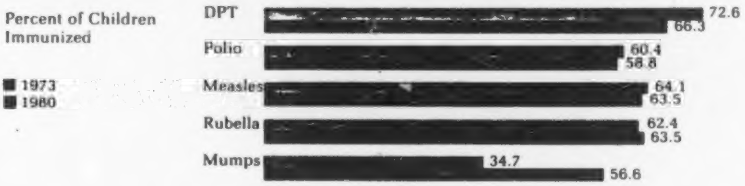
Nearly all preschool children receive one or two doses of vaccine for polio, diphtheria, pertussis and tetanus, but available data indicate that many preschool children do not complete the recommended series of doses and boosters needed for full protection.[125]

In 1980, one-third of the preschoolers lacked immunization against DPT, measles and rubella (German measles).

Over 40% of the preschoolers were not immunized against polio and mumps.[126]

The proportion of preschool children not immunized against polio and DPT has increased since 1965.[127]

In fact, the percentage of preschool children immunized in 1980 showed no improvement over the percentage of children immunized in 1973, except for mumps which did not become available in the public immunization program until the late sixties.[128]



"Today's health financing policies are neither preventive nor cost-effective. They short change children, pregnant women and ultimately, all of us."

Preventive health services for children have been shown to save more than $8 for every dollar spent.

$25 billion annually is spent in public and private dollars for children's health care.

If every child in America had comprehensive health services, including checkups, we could save $10 billion, or 40% of our current health expenses for children.

It is estimated that comprehensive health care would cost only $250 per child per year.

In 1979, the United States spent an estimated $212 billion for health care, or $943 for each man, woman and child.

An estimated $4 billion was spent in 1977 for unnecessary surgery.

Between 1950 and 1979, the Consumer Price Index rose 202%; doctors fees, however, climbed 341%, and the charge for a hospital room rose by 1083%.[129]

Millions of Americans can not afford private insurance plans for their children and families. Many are not eligible for public assistance in health costs.

Approximately 26.6 million Americans have no health insurance, public or private.

50% of them are spouses and dependents not in the labor force.[130]

In a 1976 survey, 48.2 million children and youths who were not in institutions were reported to have some form of private health care coverage; 6.7 million had Medicaid coverage, and 2.0 million had coverage under other programs.[131]

But 7.6 million children—one out of nine—were not protected by any form of coverage.

25% of the children in families with income under $5,000 and 25% of farm children had no coverage.[132]

Private insurance plans are limited in their coverage for children and women.

75% of our children are covered through private insurance for hospitalization, but less than 30% are covered for out-of-hospital physician visits.

More than half of private insurance plans exclude prenatal care, 45% exclude post-natal care, 90% exclude family planning.

Only 9% of employment-based insurance plans cover preventive care (checkups, for example), and only 32% cover children's dental care.[133]

Although Medicaid has substantially eliminated the financial barrier to the most costly health care services for many low-income children, there is a widespread but erroneous assumption that Medicaid has guaranteed that all of the poor have access to health care.

Medicaid covers only about 75% of the poor and excludes some 7 million children in families that are poor according to Federal criteria.[134]

For 11 million children, Medicaid is the only means of financing checkups, medical treatment, dental care, hospitalization and necessary medication.

Although children constitute half of the recipient population, only 19% of Medicaid expenditures goes for child health.[135]

Medicaid coverage varies from state to state, including almost all poor and near-poor in a few states but only a fraction of them in others.

During 1981, five states cut substantially the services or the number of children who can get preventive service through Medicaid.[136]

In some states Medicaid covers only about 10% of all poor children and even then pays only about 10% of their medical expenses.[137]

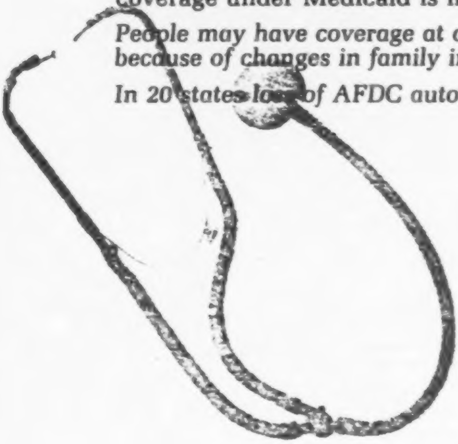
In 1979, 29 states did not allow children of two-parent families to participate in Medicaid, no matter how poor the family was.

In 19 states, women who are pregnant for the first time do not qualify for prenatal benefits.[138]

Public programs do not compensate for the lack of private insurance because continuing coverage under Medicaid is not assured.

People may have coverage at one point in time but then lose it because of changes in family income or structure.

In 20 states loss of AFDC automatically means loss of Medicaid.[139]



NON-DISEASE DEATHS

Homicides, accidents and suicides take more lives of American children older than one year than disease and illness combined. Many disease related deaths are being overcome by a combination of medical treatment and preventive measures among children who have access to immunizations, regular health screening and proper diet. While progress has been made to reduce death rates due to infectious disease, many thousands of children face health emergencies for lack of adequate health care. However, non-disease related causes of death to our children are increasing and are often the result of drunk drivers, lack of supervision, poor housing, psychological depression or physical assault by adults. Economic deprivation, family breakup, violence in the media and handgun availability are all believed to be important factors involved in homicide. Only adults can prevent these needless deaths.

There has been a significant decline in the death rate of preschoolers since the fifties, except in the area of accidents.

4 out of 10 deaths of preschool children are caused by accidents.

In 1979, accidents accounted for 41% of all preschool deaths, compared to 26% in 1950.

Non-motor vehicle accidents, such as fire and drowning, cause deaths to Black children at a rate that is 1.9 times greater than for white children.

The death rate due to motor vehicle accidents is 17% greater for Black children than for white children.[140]

More school age children (5-14 years of age) die of accidents than of disease.

The death rate for children 5-14 years of age was cut by half between 1950 and 1979. But fire, drowning and motor vehicle accidents remain the leading cause of death.

The child death rate due to motor vehicle accidents is nearly 8.7 per 100,000 population, compared to less than 4.7 per 100,000 for malignant neoplasms and 1.4 per 100,000 for diseases of the heart.[141]

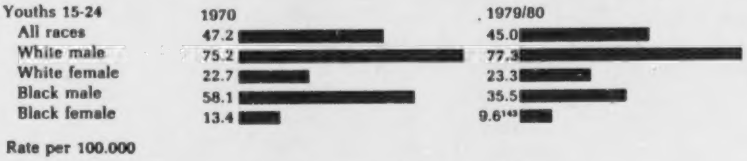
The age group 15-24 has shown a steady increase in mortality in recent years.

In 1969, there were 106 deaths per 100,000 population.

In 1977, the rate rose to 117 deaths per 100,000 population.

Youths die at a rate of 2.5 times greater than younger children.[142]

The leading cause of death among white youths is motor vehicle accidents, with alcohol consumption a major factor.



The interaction of beverage alcohol and a young driver's ability to control an automobile is a major known contributing factor to traffic accidents and deaths.

In 1978, drivers under 20 were involved in 11,500 crashes with at least one fatality.

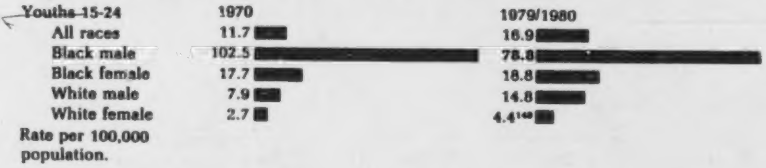
Between 45% and 60% of all fatal crashes with a young driver are alcohol related.

According to the National Safety Council, in 1980 there were 5.6 million reported traffic accidents by young drivers, 15-20 years old.

40% of all respondents in a national study of adolescent drinking behavior reported occasional drinking while driving or sitting in a parked car at night.[144]

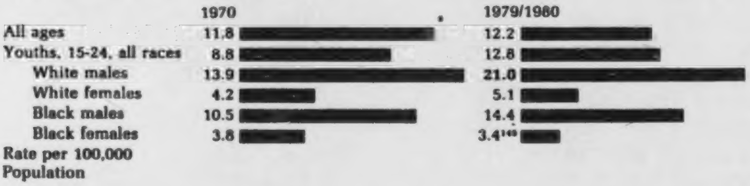
The leading cause of death among Black youths is homicide.

Murder accounts for 10% of all deaths among adolescents and young adults, ages 15-24 – just under 7% for white youths but almost 30% for Blacks in this age group.[147]

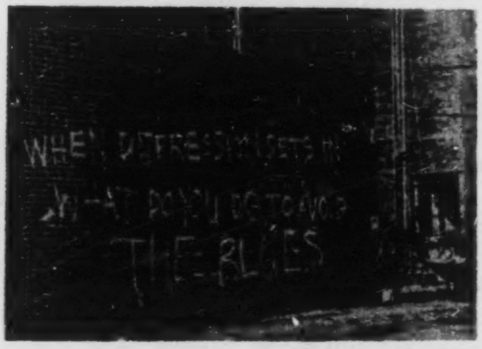


In 1977, when an estimated 21,000 Americans were victims of homicide, about 25% were ages 15 to 24, placing that age group at greater risk than the rest of the population.[149]

White males, ages 15-24 are substantially more likely to commit suicide than any other group of teenagers or adults.



In 1976, more than one of every 10 teenagers and young adults who died committed suicide.[148]



The profile of child health needs has shifted significantly in recent years. Where survival and the threat posed by infectious disease were the central focus of child health in the past, we are now confronted by health problems with interwoven psychological, social, environmental and organic components. The fragmented nature of our health care delivery system continues to leave some serious issues untended and often places substantial burdens on the very people who can least sustain them. Children with chronic disease, physical handicaps and mental disabilities often find it difficult to obtain comprehensive health care, suffer financial privation, are frequently segregated from society, and lack support when they must undergo trying personal and interpersonal stress.[150] *There are children in this country who are in need of special care.*

A chronic illness or handicapping condition creates special problems for the child and the family. Stress is related not just to the specific problem but also to frequent hospital admissions and treatment procedures, changes in the emotional climate of the family, limitations on peer and social interactions, and the child's self-acceptance.

Over 10 million children in the United States suffer from some type of chronic impairment.

An estimated 3 million children are faced with life threatening or chronically disabling disorders.

2 to 3 million children under 18 are considered to be mentally retarded and require specialized training and monitoring because of cognitive and adaptive deficits.

An estimated 193,000 children are visually impaired, 490,000 are hearing impaired, and 2.2 million are speech impaired.

Almost 1.7 million children have crippling conditions or other severe health impairments.[151]

There is no reliable data which provides an accurate and comprehensive picture of the extent of serious emotional disorders in children. However, it is clear that a large number of young people are in serious trouble and need competent professional assistance.

Surveys of general populations show that the overall prevalence of persistent and socially handicapping mental health problems in children ages 3-15 years is about 5-15% of the population.

Up to 10% of boys 7-10 years old are affected by conduct disorders and impairments or delays in development.

Psychotic disorders appear in childhood—autism, for example, occurs in about 3 children out of every 10,000.

Estimates of attempted suicide in adolescents 15-19 years of age range as high as 1 out of every 1,000 adolescents. The rate of deaths due to suicide in 1979 was 12.2 per 100,000.[152]

A large population of children are under significant emotional stress and are at risk of developing mental disorders.

Approximately 1 child per 1,000 under 4 years of age suffers serious injury initiated by parents, and about 1 in 10 of these injuries proves fatal.

At least 2 million children have severe learning disabilities that, if neglected, can have profound mental health consequences for the child and family.

On any given day, 20,000 youths are in some kind of criminal detention. Adolescents are involved in more than half of all serious crimes reported in the United States.

An estimate of 11,000 girls 14 years and younger give birth each year.[153]

Mental retardation does not mean that mental illness is present nor that it will develop, but the incidence of emotional and mental problems is higher among the mentally retarded than among the general population.

Each year an estimated 100,000 children are born who will be identified as mentally retarded sometime during their lifetime.

Approximately one-third of all mentally retarded persons suffer more than one handicap, including mental illness, epilepsy, cerebral palsy and other disabilities.[154]

Many children are either inappropriately placed in institutions or lack adequate care while there.

Almost 13,500 non-offenders, including neglected and abused children and emotionally disturbed or mentally retarded children, are being held in juvenile custody facilities throughout the country.[155]

A 1976 study examined 152,000 children who were residents of long-term health care institutions.

Almost one third of them had been in the facility for five years or more, and almost half had been there three years or more.

80% were long-term residents with multiple handicaps, and no discharge was expected in the next 12 months.

The only conditions for which significant proportions were receiving treatment were mental retardation (30%) and mental illness (20%).

However, 98% were in need of either educational, social, medical or nursing services.[156]

Children with psychiatric problems receive care in a variety of settings, including specialty mental health facilities, general health care settings, the school system, social service system and corrections facilities. The exact number of children receiving mental health care in each of these sectors, the nature and type of their problems and the types of treatment provided are not known.[157]

Federal education authorities report some 1.5 million emotionally disturbed children are receiving special education services in the schools.

Rand Corporation figures indicate a total of 2 million children per year receive a variety of public and private mental health services.[158]

In 1975, the estimated overall rate of admissions for children and youth under 18 to the specialty mental health sector (psychiatric hospitals, community mental health centers, private practices, etc.) was 989 per 100,000 population.[159]

Blacks under 18 years of age are over twice as likely to be admitted to state and county mental hospitals as whites, who are treated more often on an outpatient basis.[100]

Despite the widespread prevalence of mental illness among American children, thousands are not getting the services they require to become healthy, productive adults.

One report estimates that 2 million of the 3 million (a low estimate) disturbed children in this country do not receive the service appropriate to their needs.[101]

Only about 17% of community mental health funds are being spent on children.[102]

Of the emotionally disturbed children who potentially should be receiving special education services in school, an estimated 28% are not being served.[103]

When children are discharged from psychiatric facilities, their parents and other family members receive few aftercare and support services.[104]

The children of addicts and alcoholics and mentally ill parents receive virtually no professional help in dealing with their parents' illness.[105]

Only 7 state mental health departments have taken even the first limited step to create a "system of care" for children and adolescents that includes a full range of mental health services.[106]

Adolescence is a period of human development filled with major physical, social and psychological changes. The pressures and inducements to test new behaviors, to rebel, and to identify with other people of similar ages going through similar experiences is particularly compelling.[187] One particular area of risk is substance abuse. The misuse of alcohol, tobacco, and drugs is injuring or shortening the lives of thousands of American children and youth. There are adolescents in this country who are being injured and dying needlessly.

High school seniors in the class of 1982 were asked to provide information on the use of alcohol, cigarettes and illicit drugs. Each spring since the Class of 1975, data collection has taken place in approximately 125 to 130 public and private high schools selected to provide an accurate cross section of high school seniors throughout the United States.

Although using a standard data base each year provides a systematic view of substance use, dropouts have been omitted. Thus, drug and alcohol use statistics for 1982 are slightly lower than for the entire population of adolescents.

When asked whether they had used specific substances at some time in their life, 93% of seniors said they had consumed alcohol and 70% had smoked cigarettes.

In 1980, about two out of every three seniors reported illicit drug use at some time in their past.

- *41% had used marijuana*
- *26% had used stimulants*
- *18% had used inhalants*
- *16% had used cocaine*
- *15% had used sedatives and tranquilizers*[168]

Although there is no public consensus of what levels of drug use constitute "abuse," there is agreement that heavier levels of use are more likely to have detrimental effects for the user and society than are lighter levels.

Marijuana is used on a daily or near daily basis by 8.3% of the high school seniors.

5.7% used alcohol daily, 41% (1.2 million) were heavy weekly drinkers (five or more drinks in a row).

21% smoked cigarettes daily.

Less than 1% of the respondents reported daily use of the illicit drugs other than marijuana.

While these percentages are low, they represent several hundred thousand high school students.[169]

Certain characteristics are more likely to be associated with substance abuse.

All illicit drugs except stimulants are used more by males than by females.

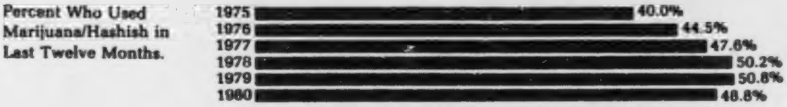
Daily use of alcohol is more concentrated among male students, 8.5%, than among females, 3.5%.[170]

White youths are nearly four times as likely to be weekly heavy drinkers than Black students.[171]

College-bound seniors use less marijuana (46% vs. 52%), less other drugs (26% vs. 36%), less alcohol (4.4% vs. 8% daily use) and far fewer cigarettes (8% vs. 21% smoke half-a-pack daily) than non-college bound seniors.[172]

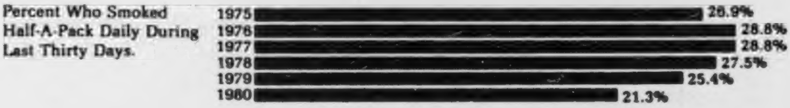
Recent trends show encouraging news regarding the use of marijuana and cigarettes, although adolescents seem to be experimenting with other illicit drugs at a small but consistent increase. Alcohol use remains the same.

There was a steady rise of marijuana use from 1975, peaking and remaining high during 1978-1979, but in 1980 statistics showed a drop for the first time.[173]



Percent Who Used Marijuana/Hashish in Last Twelve Months.

The proportion of high school seniors smoking a half-pack of cigarettes or more on a daily basis began to decrease in the late 70's.[174]



Percent Who Smoked Half-A-Pack Daily During Last Thirty Days.

Since 1976, there has been a gradual increase in the proportion who use an illicit drug other than marijuana, primarily cocaine.

5.6% of the class of 1975 used cocaine in the past year. By 1979, it had more than doubled to 12%, although there was only a 0.3% rise in 1980.

Heavy drinking continued at a rate of 6% of all high school seniors from 1975 to 1980.[175]

Alcohol use by parents can have serious consequences for their children.

It has been estimated that 80% of all adolescent suicides may be children of alcoholics.

Approximately 75% of all adjudicated, delinquent adolescents are believed to have at least one alcoholic parent.[176]

In 1977, 1 per 2,000 live births, approximately 1,650 infants, were diagnosed with Fetal Alcohol Syndrome.[177]

CHILD ABUSE AND NEGLECT

As parents and caring adults, our natural instinct is to protect our young... to keep them safe, well and free from harm. But many of America's children have become victims of our society's inability to guarantee them protection, justice and opportunity. There are children in this country who are being hurt by others. Children who are abused or neglected may not create immediately threatening problems for the community during their early years. They may suffer silently throughout a torturous childhood or they may be identified as "problem children" by schools, courts, and social agencies. Lacking trust in their own parents to protect them, many children never develop trust in their environment. Later, many will victimize their own families and become a threat to the personal safety of others in the community. Without greater investment by adults, many of these children will not develop into productive, healthy adults. They will continue to hurt and to be hurt.

Hundreds of thousands of children suffer from child abuse and neglect every year.

There were 850,000 reports of child maltreatment documented nationwide during 1981.

This figure represents a 100% increase in the number of reports received since 1976, the first year reporting data were analyzed nationwide.[178]

While the 850,000 figure includes substantiated and unsubstantiated reports, it does not adequately reflect the actual incidence of maltreatment. Many more incidents go undetected. Current reporting systems do not reflect the results of a routine screening of *all the children in any given community. The existence of a maltreatment report is largely circumstantial and based on assumed definitions of maltreatment.*[179]

Child abuse and neglect occurs because of a combination of forces affecting the family. Attitudes toward children, changing family roles and organization, alcohol use and tendencies to violence, employment, housing conditions, financial security, religious attitudes, individual capacities and community relationships are important variables.[180]

Child abuse and neglect occurs in urban, suburban and rural areas, in all racial groups and in families with a wide range of incomes. The incidence rate for overall maltreatment is almost identical for white children and Black children.

However, the incidence rate of maltreatment is estimated to be ten times higher among families earning less than $7,000 than among families with income over $25,000.[181]

Child abuse and neglect is a problem the total community must address. No single individual, agency or discipline has the necessary knowledge, skills or resources to provide the assistance needed by maltreated children and their families.

According to the national study, as many as 57% of all children who are victims of abuse and neglect are already known to community professionals but are not known to the child protection agency responsible by law to intervene and protect them.[182]

In 1980, nearly all child abuse and neglect cases came from situations where at least one parent resided with the child.

Nearly 40% of all reported families lived in female-headed households.

44% of all reported families were receiving public assistance.[183]

Children are at risk of abuse from both non-parental and parental caretakers.

The greatest frequency of reported sexual maltreatment occurs with non-relatives, step-parents, foster parents and adoptive parents, often with the passive involvement of a natural parent.[184]

However, 28% of the sexual abuse cases involve incest or molestation between father-daughter or father-son.[185]

Major physical injury accompanied over 10% of the reported cases *involving non-relatives, compared to 2% by parents and relatives.*[186]

Among reported cases of abuse and neglect, physical abuse is the most frequent type of maltreatment linked to fatalities; however, neglect is the predominant type of report.

585 children died as a result of parental abuse or neglect recorded in the 1981 reports.

60% of the child abuse and neglect reports were for deprivation of necessities such as food, clothing, shelter, health care, education supervision, and nurturing.

4% of the reports were for major physical injury (brain damage, bone fractures, dislocation, internal injuries, poisoning, burns, cuts and scalds).

20% of the reports were for minor physical injuries, such as cuts, bruises and welts.

7% of the cases were for sexual maltreatment.

12% of the reports were for emotional abuse, defined as active or intentional berating and disparaging behavior towards the child.

12% of the reports were for "other" reasons, mostly abandonment and emotional neglect.[187]

In 1981, the reports of more serious maltreatment were greater than previous years.

Reports of physical injury increased from 15% in 1976 to 24.5% in 1981.

Reports of sexual maltreatment increased from 3% in 1976 to 7.5% in 1981.

Reports of neglect decreased from 81% in 1976 to 59% in 1981.[188]

In a 1982 informal telephone survey conducted by the National Child Abuse Coalition of all state child protective programs most states indicated an increase in the amount of child abuse.

45 states said there had been an increase of the amount of child abuse in their states over the past year.

33 states reported more serious abuse than before, particularly sexual abuse cases.

14 states reported more deaths due to abuse than in prior years.

30 states said the number of community services for treating and preventing abuse and neglect had decreased.

Most states reported larger caseloads and fewer service dollars.[189]

"Our traditional conceptions about the ideal American family simply have not been a reality for many children. For some, the family structure never really existed, and where it did, it existed in such a precarious condition that it ultimately crumbled from within. A significant number of children involved in prostitution and pornography were introduced to sex at home at an early age, by a family member or friend."[190]

The true extent of the problem of child sexual abuse is unknown. Available statistics reflect only those cases that are officially reported and represent only a fraction of the cases that actually occur.[191]

In 1981, 7% of all reports of child abuse and neglect, 59,000 cases, were for sexual abuse and maltreatment, an increase of 4.5% since 1976.[192]

In 1978, the National Center on Child Abuse and Neglect estimated that the incidence of sexual abuse of children is between 60,000 and 100,000 cases per year.[193]

Most estimates of the incidence of child sexual abuse do not include estimates of the numbers of children who are the victims of the multi-million dollar child pornography and child prostitution business.[194]

A 1982 GAO survey found unanimous agreement among city and state social service agencies and police departments that teenage prostitution has increased significantly in the last five years.

The survey reported that nearly half of the 4,000 prostitutes arrested on Los Angeles's Hollywood Boulevard in 1981 were under the age of 18.[195]

Clinical experience suggests that many of the children and adolescents exploited sexually for prostitution or for the production of pornographic materials were victims of incest or are runaways fleeing a developing incestuous situation. For some, the exploitation of their own sexuality is the only way they know to relate to others.[196]

Of the estimated 1 million runaways each year, as many as one-third leave home because of sexual abuse.

47% of the runaways are girls.[197]

Victimized by their own parents, relatives or friends, adolescents experience extreme feelings of guilt and self-hate, anguish and shame, mistrust of adults and confusion about their sexual identity, which may lead to criminal sexual conduct.[198]

Over one-half of the children referred to the Child Protection Center of Children's Hospital in Washington, D.C., were victimized by adolescents.

A study of 127 rapists and child molesters discovered that 47% had committed their first sexual assault before age 18.

In St. Paul, Minnesota, juveniles accounted for 24% of the arrests for rape and 49.6% of the arrests for other sex crimes, including child molestation and exhibitionism.[199]

Hundreds of thousands of children across the nation have been removed from their homes—either voluntarily or by court order—because of abuse or neglect by the adults responsible for their care. Many of these children grow up without knowing the stability of a loving, permanent family.

While child abuse and neglect can be a problem in any family, the children of poor and minority families are most likely to enter foster care.

In 1978, more than 500,000 children lived in foster care.[200]

A 1978 national study reported that 60-80% of the foster care population had received some form of public assistance prior to placement.[201]

Another 1978 survey indicated 52% of the children in out-of-home placement were minority children.[202]

Prior to the passage of the Indian Child Welfare Act, Indian representatives testified to a national commission that 25-35% of all Indian children are removed from their parents and placed in foster care sometime during their childhood.[203]

A Mayor's Task Force in New York City found that a Black child was 3 times as likely to be removed from his or her family as a white child; a Puerto Rican child was twice as likely.[204]

Children away from home live in a variety of foster care settings. Sometimes they receive excellent care, sometimes they do not.

Nearly 75% of foster children live in foster family homes.[205]

Another 14% live in child care institutions and 7% live in group homes.[206]

A 1979 study reported that almost 10% of children reported abused or neglected were in the care of a step parent, adoptive parent or foster parent.[207]

In 1976, a GAO study of "general institutions" for foster children in 5 states found that almost half of the facilities were either unlicensed or had "serious physical deficiencies in health and safety conditions."[208]

Payments to foster families rarely cover out-of-pocket expenses for the support of the child. Basic board payments range from $100 to $410 per month.[209]

Although foster care is meant to be temporary, for some children it becomes a way of life.

50% of the children in foster care remain in care for 2½ years.

Nearly 25% remain in care for over 6 years.

Almost 25% of the children in foster care have lived with at least three foster families.[210]

Economic, legal and attitudinal barriers often bar foster children from permanent homes.

Prior to 1980, the Federal government provided states with open-ended entitlement funding to maintain children in foster care. At the same time it provided only limited funds for services to help return children to their families or free them for adoption.[211]

A 1978 survey showed that average foster care caseload sizes range from 30 to 105 cases per worker.

In the same survey, states estimated that between 5% and 35% of children in care could be freed for adoption if sufficient casework and legal services were available.[212]

A 1979 report published in The Congressional Record *estimated that adoptive homes had not been found for 50,000 children already free for adoption.*[213]

The last three years have seen marked improvements in services to foster children. More improvements would provide even more children with permanent, stable homes.

On June 17, 1980, Congress passed the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272). This marked a major change in Federal direction from maintenance of children in foster care to support of family reunification when possible, and the development of alternate permanent placements, especially adoption.

Under P.L. 96-272, all states now qualify for Federal adoption assistance, which includes financial support to encourage the adoption of children with special needs.

In addition, all states have initiated formal case review systems to ensure that children do not drift needlessly in foster care.[214]

National results of the new law's impact are not yet available. However, the early reports are showing that permanency planning efforts can reduce the number of children in foster care dramatically.

An Oregon study, for example, showed that 76% of the children involved in permanency planning efforts eventually returned home or were adopted.[215]

Unhappy children who flee their families soon find that the road holds only fear, disillusionment and want.[216] As they move from city to city, they often fall quickly into patterns of runaway life: sleeping outdoors, hitchhiking, "crashing" apartments, shoplifting, looking for odd jobs, panhandling or turning to prostitution, pornography or drugs.[217] There are children throughout this country who are alone and afraid.

Runaways show scars of physical abuse, emotional maladjustment and sexual trauma. Although there is little hard data on the number and characteristics of runaways, several reports indicate:

Runaways number as many as one million a year.[218]

As many as one-third leave home because of sexual abuse. More than one-half leave because of physical abuse or neglect. The remainder are "throwaways," pushed out or abandoned by parents.

Their average age is 15.[219]

47% of them are girls and 83% are white and from middle-and upper-middle income homes.[220]

18,000 juveniles consitute 75% of the missing persons listed by the National Crime Information Center.[221]

Their survival rate is poor, their destiny jeopardized by the cruel realities of the street.

Of the thousands of youngsters who literally disappear each year, some are known to be sold through the underground crime world at rates from $500 to $5,000 per child.[222]

An estimated 44,000 find their way to Federally funded shelters.[223]

Runaways suffer from malnutrition, drug-related disorders, sexually transmitted diseases and other ailments, causing sickness and in some cases permanent damage to their health.[224]

Thousands come into conflict with the law.

In 1979, 152,866 children were arrested as runaways; over 40% were 14 years old and younger.[225]

"When does yesterday's victim become today's predator? How many more years must the juvenile justice profession hang its head in shame when the media loudly announces that some young murderer has been in the system for years before his crime? When will... we... wake up and realize that the media has been reporting on the same child, only at different stages in that child's development? If a child learns very early in life that he or she cannot look to society for protection and justice, what is this child's reaction to that very society's anguished screams when some of its individual members reach an increasingly common status... that of **victim.**"[226] *There are children in this country who are in serious trouble.*

Child abusers are the only criminals who produce their own victims—their children.

Although difficult to substantiate, estimates have been made that as many as 4 out of 5 convicts were abused children.[227]

Studies show that criminal offenders who commit an exceedingly large amount of violent offenses begin committing crimes well before age 16 and are more likely than other offenders to have spent a long time in juvenile facilities.[228]

A midyear 1982 analysis of the adult prison population shows a dramatic 6.9% increase in just six months. Annualized, that is 14.3%—2 percentage points higher than in any previous year.

Annual prison population growth has exceeded 10% only four times since data collection began in 1926: 1927 (11.6%), 1939 (12.2%), 1975 (10.1%), and 1981 (11.8%).

Among factors contributing to the increase are economic conditions and a steadily increasing incarceration rate for young males ages 20-29.

The United States' incarceration rate is among the highest in the world, exceeded only by the Soviet Union and South Africa.[229]

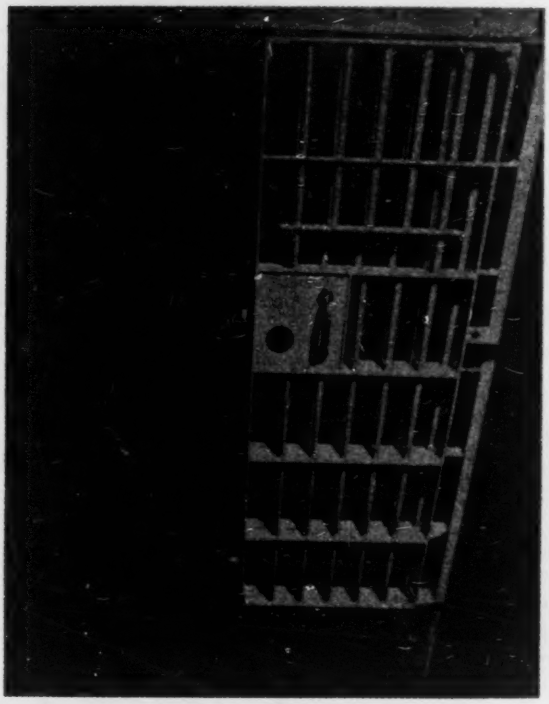
Although no similiar study is available on the rate of incarceration of juvenile offenders, data indicate nearly 48,000 children and youth were confined in public juvenile custody facilities on January 1, 1982, at an annual cost of $16,512 per youth.[230]

An estimated 28,000 more youth were held in private custody facilities, costing $15,377 per juvenile annually.[231]

Their average age is 15.

The average length of stay for committed juveniles is nearly 6 months.

2,700 other youth were imprisoned in adult correction facilities (1979 estimate).[232]



"It is obvious that a child whose birth is eagerly awaited has the best chance of getting a healthy start in life. A wanted child is far more likely than an unwanted one to enter a loving, nurturing home environment that encourages healthy growth and development. Similarly, a women who welcomes her pregnancy will probably adhere to the health practices necessary to increase the chances of a successful pregnancy outcome. Few would question, therefore, that every child should be born wanted and loved..."[233] *Often no more than a child herself, the adolescent is rarely prepared for the demands and responsibilities of caring for her baby. The harsh realities of low educational attainment, lack of economic support, inadequate child care and unaffordable housing produce even greater stress for the adolescent parent. There are young parents in this country who are alone and in need of help.*

More than one million teenagers in the United States become pregnant every year.

The number of births to adolescent women has remained fairly constant over the last few years—between 550,000 and 570,000 annually.[234]

Although teenage birth rates in this country have not increased, they are still among the highest in the world.

More than one in ten teenagers gets pregnant each year.[235]

In the majority of cases, unmarried women who give birth are very young.

Half of all births to unmarried women are to teenagers.

In 1975, more than 52% of unmarried women giving birth were 20 years of age or younger, 29% were 17 years of age or younger.[236]

The proportion of all teenage women who have been premaritally pregnant increased from 9% in 1971, to 13% in 1976, to 16% in 1979.[237]

There has been an increase in the number of adolescents who keep their babies.

Of the adolescents who gave birth in 1976, 96% kept their babies (90% of white teens, almost 100% of Black teens).

In 1971, 87% had kept their babies (75% white teens, 94% Black teens)[238]

Despite the effectiveness of family planning, millions of unplanned pregnancies occur each year.

There are an estimated 2.8 million unplanned pregnancies annually.

Nearly 1.5 million pregnancies are terminated by abortion.[239]

375,000 abortions in 1979 were performed on teenagers.

The rate of abortion for all women was 35.8 per 100 live births; for teenagers 15 to 19, it was 66.0 per 100 live births; and for those under age 15, it was 121.3 per 100 live births.[240]

Almost 16 million women at risk of unwanted pregnancy are not receiving the health care necessary for the safe and effective use of contraception; 1.8 million are teenagers who need subsidized care.[241]

Because they may not be fully mature physically or emotionally, pregnant adolescents and their unborn children are at great risk.

One in ten of all pregnant teenagers receives no prenatal care or receives it late in the pregnancy.

For pregnant teenagers under 15, one in five receives late or no prenatal care.[242]

15% of all infants born to children under 15 years of age are low birth weight, the greatest percent of any age grouping.[243]

The ratio of fetal deaths to live births is 56% higher for unmarried than married women, despite the overall reduction in fetal deaths in recent years.[244]

Unmarried women giving birth—especially adolescents—are likely to need not only special medical care but also economic support.

Nearly half of government expenditures through the Aid to Families with Dependent Children (AFDC) is for households with women who were teenagers when their first child was born.[245]

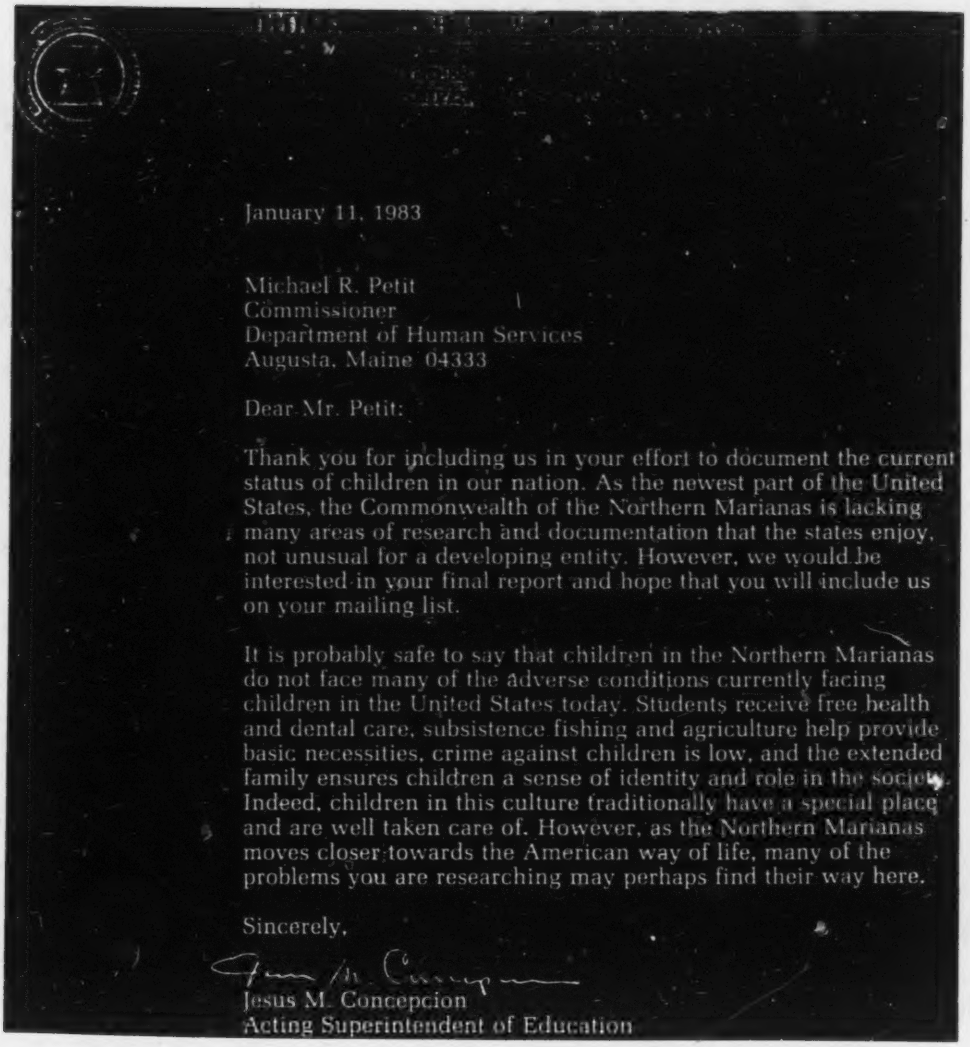
25% of all teenage mothers are currently receiving AFDC payments.[246]

Teenage mothers are less likely to complete high school.

In 1980, 62% of teenage mothers had not graduated from high school.

8.5% of them had not entered high school.[247]

Nearly 30% of teenage females not enrolled in school are unemployed.[248]



January 11, 1983

Michael R. Petit
Commissioner
Department of Human Services
Augusta, Maine 04333

Dear Mr. Petit:

Thank you for including us in your effort to document the current status of children in our nation. As the newest part of the United States, the Commonwealth of the Northern Marianas is lacking many areas of research and documentation that the states enjoy, not unusual for a developing entity. However, we would be interested in your final report and hope that you will include us on your mailing list.

It is probably safe to say that children in the Northern Marianas do not face many of the adverse conditions currently facing children in the United States today. Students receive free health and dental care, subsistence fishing and agriculture help provide basic necessities, crime against children is low, and the extended family ensures children a sense of identity and role in the society. Indeed, children in this culture traditionally have a special place and are well taken care of. However, as the Northern Marianas moves closer towards the American way of life, many of the problems you are researching may perhaps find their way here.

Sincerely,

Jesus M. Concepcion
Acting Superintendent of Education

FOOTNOTES

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